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MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

On Accidents of the Shoulder Joint.

HAVING described the articulation of the bones of the shoulder, I shall proceed to speak of the *accidents* that befal this part of the body, and their treatment; and I begin with a *fractured collar-bone*, which is a very common occurrence. When a man's collar bone is broken, what happens? Why, that the weight of the arm will drag down the scapular end of the collar-bone, and the scapula, downward and forward; and, therefore, the sternal end of the collar-bone will seem to stick up in a contrary direction, upward and backward. Now, then, there is the rising end of the bone again; and can you depress it? No: or should you try to depress it? Certainly not; it's in its proper place. And how do you set the collar-bone? By raising the shoulder bone upward and backward, and then the two broken ends of the bone will be applied together, and the bone seems as if it had never been broken at all. Set the patient in a chair, or some such place, take hold of his shoulders, draw the broken one upward and backward, with your knee placed against his back, and then the bone will seem as if it had never been broken.

Treatment.—Having put the bone into its proper place, the difficulty is with respect to the mode of treatment. The difficulty is to keep it in this situation, and that is a great difficulty. The object must be to counteract gravitation, that continually operating property. It is a great difficulty to make a bandage so as to support the arm, without drawing down the scapula and collar bone, and without galling the patient. The bandages which are used for this purpose will be hereafter described to you. For my own part, I like the bandage which a man of the name of *Brasdor*, I think, invented for the dislocated collar bone; it's what is commonly used in this Hospital; it's a bandage not unlike what you may have seen young ladies wearing, a square sort of thing, fixed on the back with straps to draw the shoulders backward and upward: however, you shall see the bandage.

Now there is one kind of broken collar-bone, which is very difficult to manage; in general, they are very easily replaced, and you may replace them very accurately; but the difficulty is in preserving the arm in the proper situation, and in keeping the bones steady; it is a difficulty, however, which you are called upon to surmount, and which you may surmount. It would be a very annoying thing indeed, if a young lady who had once broken her collar-bone, was afterwards to be seen going about with a large lump on it; it would be a perpetual proclamation to the world of your clumsy surgery; but that may be prevented, and ought to be prevented. There is one case in which I could excuse a surgeon, if he did not set a broken collar-bone right; and, it is, where a person is pitched, perhaps, off the top of a coach, and falling on his shoulder, he breaks the bone, and drives the scapular end of the collar-bone under the sternal end. It is then exceedingly difficult to get it out, and to put it right, and therefore I say I could excuse such a case, even if there was some little irregularity there. You are obliged to make extension to get it out, and you are afraid to do it, because the sternal end sticks out, and you are afraid of the skin giving way, and of there being a compound fracture.

Dislocation.—I speak of the fractured bone first, because it involves the treatment of every other accident occurring in that part; but suppose the sternal end of the collar-bone was dislocated, and thrown downward and forward on the sternum, what are you to do? How are you to reduce the dislocation? Simply by drawing it backward. By

that means you put it into its proper situation, and if you apply this bandage, which I have been speaking of, and keep it where it should be, then the torn ligaments unite, and the case does exceedingly well.

There have been instances, but they are exceedingly rare indeed, of the collar-bone being dislocated in a contrary direction; that is, backward instead of forward. They are exceedingly rare cases. Sir Astley Cooper mentions an instance of the kind, but it is a case that I never saw. Well, in the dislocation of the collar-bone at the scapular extremity, the case is the same. The same treatment is likewise applicable to the scapular end of the collar-bone, in a dislocation; for suppose it to be dislocated, and to ride over the *acromion*, how can you get it again where it ought to be? By no other measure than by pulling the bone upward and backward, and then they apply themselves. Indeed, it was for this very case, that that French gentleman, whose name I have mentioned, *Brasdor*, invented the bandage I have spoken of. And with respect to the efficacy of the bandage, in such a case, if it be efficacious in that case, it must be efficacious in all. I have been in the habit of relating the following instance which occurred to a gentleman who was a pupil in this place; he was a very tall man, and one day he went out skaiting, instead of attending to the lecture, as he ought to have done; when on the ice, his heels flew from under him, down came his head, and he dislocated his collar-bone. He did not like to mention this accident, and therefore he got some of his friends to put him on a bandage. However, the bone was not in its place, consequently he was very uncomfortable, and he asked me to see it, and I put him on this bandage; but this young man had a disposition to pulmonary affection; and from the time he met with the accident, having been stripped in the cold when he was warm, he had a violent cold upon him, which settled on his lungs, as the people say, and he was so horribly ill that he was obliged to be bled very largely: he was attended by the physicians of the hospital, and, in short, his life was despaired of. All thoughts about his accident were lost sight of, in the attention which was directed to the more important object, the salvation of his life. However, he got better, and then we began to think about what had been the fate of his shoulder; and I will venture to say, that if that man were now present and stripped, nobody would ever be able to assert, from any thing they could observe, that there had been a dislocation at all; notwithstanding that, the collar-bone stuck up when I first saw him, as if it had been coming through the skin. Now the treatment of all these cases is the same, but not so in the case of a *fracture of the acromion*. If a man breaks the acromion, the arm don't drag; the scapula still retains its place; it is tied by the ligament to the *coracoid process*. How then are you to treat this case? Why, if you are to treat it scientifically, you would keep the patient with his arm continually extended in a horizontal position; but this would be a very awkward position, indeed; and it has been found to do exceedingly well, merely to put a small pillow under the arm, for the purpose of relaxing the *deltoid*, and to put the arm in a sling. It is an accident which does not require any specific mode of treatment, nothing more than what common sense would direct. Some people would say, that even the pillow is unnecessary. Now here I have always felt it a duty, to beg of gentlemen to advert to the propriety of examining accidents with gentleness. There are some people who pull a man about, as if they could not be satisfied that a man's arm was broken, unless they hear the bones cracking against each other. A poor devil is in a terrible fright when he has a bone broken, because he has heard of the setting of bones being attended with great pain. Now you should endeavour to sooth him, by telling him that he is not to be hurt; and then having undressed him, you draw your hand across the collar-bone, and then across the scapula, and you find all in their proper places; or if any are broken, it would be ascertainable by the least touch. Then, as to the *os brachii*, put your finger on each side of its head, and move the arm, and if it moves, then all is safe there; but if it does not move, then it's broken. Well, then, all may appear to be sound, and yet the patient may say, O I am sure there is something broken, because I heard a cracking. O it may be the coracoid process that may be broken, and how do you attend to that? Why it is necessary to know the muscles to ascertain that; and the treatment of a broken coracoid process, is also to be known from your knowledge of the muscles. You must take care that the muscles going from the coracoid process, do not move the part. You must put the part into its situation, turn the hand round, bring the elbow and shoulder a little forward, bend the arm across the breast, then no motion of muscles will disturb the coracoid process, and in due time an union will take place.

On Accidents about the Shoulder Joint.

In considering the great obstacles that exist to any dislocation of the shoulder joint *upwards*, you cannot suppose it possible to happen; or if it did, it would require no particular treatment, for the weight of the arm would draw all the tendons down to

their proper places. To draw the shoulder upwards, so as to dislocate it, you would have to displace the strong tendons, break the *biceps*, break the *acromion*, and so on, so that it's next to impossible; and if you did meet with this accident, the weight of the arm would cause them again to descend.

A *dislocation* means a displacement of a bone, in consequence of laceration of ligaments without fracture. It is not indeed etymologically a dislocation, for every thing would be dislocation in that case. Well, a dislocation directly forwards, or backwards either, is not likely to happen, on account of the strong tendons attached to the tubercles of the shoulder. I have never seen any of those cases; Sir Astley Cooper speaks of a dislocation backwards, that he has seen, but I have never seen any. They must be exceedingly rare. The common dislocation of the os brachii, is that where it bursts the orbicular ligament below, and slips out of the socket. Force, commonly tends to produce this; a man may fall with his hand and arm outstretched, and the reaction, or what he strikes on, may drive out the os brachii; and if no more is done, it lodges by the *inferior costa of the scapula*. But the violence which caused this dislocation may operate further, because it may drive the bone up under the *pectoral* muscle before, and under the *latissimus dorsi* behind. It may be primarily forward, and consecutively backward; and this is what is most often happening. The bone is thrown out where it is the most easy to be thrown out. The os brachii may slip out of the socket, above the inferior costa of the scapula, with very little force; in that case, you may depend upon it the arm will stick out from the side, and that has been set down as a diagnostic of dislocation, though there are plenty of cases where it does not. Though it may slip out with very little force, it never can be thrown under the pectoral muscle, while lying, as it commonly does, near to the collar-bone, with the ligaments all rent around it. I have seen some dissections of this kind; they are not commonly to be met with, because if a man has a dislocated shoulder, it is put in again, or if it is not, it don't kill the man; and in the cases which I so examined, the tubercles were actually torn off from the bone, and the tendons were much lacerated. When it is in the simple way, and you raise it up, it goes into its place with *a crack*, and that shows the integrity of certain muscles; but no one ever heard any crack where the dislocated bone was under the collar-bone; it goes in inaudibly then. And many times have I pulled longer than what was necessary, because I neither heard nor felt any sensation by which I knew it had gone into its socket.

Treatment.—These are the circumstances under which you find dislocation of the os brachii, and then the question is, what are you to do in such cases? You may depend upon it, that the ligaments are widely lacerated; it is not likely that the broad head of the bone should force its way through, without making an ample laceration of the ligaments. There are some people who say, the ligaments may bend over the head of the bone, and oppose an obstacle to this; but this is only an opinion, I believe, very much to account for their not having been able to reduce a dislocation; it has been an excuse which they have framed in their own minds, to account for their want of success. Then, if there be no obstacle at all on the part of the ligaments to oppose a reduction, I should be glad to know what prevents us in the living body to do what I am now doing, taking the bone and putting it back through the rent of the capsule into the socket? Why should we not? There is only one answer to be given, which is, that the muscles will not allow it. They are all in a state of irritable action, and in consequence of some accident having happened, they seem afraid of the least thing taking place. If a person could will their relaxation, the surgeon could as readily do this in the living body, as I now do it in the skeleton; but who can? There is no surgeon, however philosophical his mind, who could do it. Then if it is the muscles, and the muscles only, that oppose attempts to replace the bone, what have we to do? We must either try to deceive them or to elude their vigilance; to slip the bone in, when they are not aware what we are going to do, or we must overcome their power. Now then is it possible to elude the vigilant action of muscles? Oh! yes, it is possible. I have reduced several dislocations myself, by a sort of legerdemain. I should, in that case, say to a patient, *egad* I don't know what's the matter with your arm; I don't know whether it's dislocated or not, but you hold it so tightly I cannot move it, can't you leave your elbow to me? I won't hurt it; let me move it. Oh! now you are holding it. Does the motion hurt you? No, it can't do that. Well then, when you have got the patient to let you do this, you have only to engage his mind with something or other—and there is nothing more likely to engage his mind, than to talk to him about the way in which he met with the accident,—you have only to push it in. Now if you do this, you make a lever of the bone, applying the prop at the same time.

I stated that a dislocated jaw was to be reduced on this principle, but I said I would not then explain the principle. If you move a patient's elbow upward and downward, backward and forward, even to a consider-

able extent, without putting any prop near to the head of the bone, what do you do? Seeming to do much, you do nothing at all; the bone does not move one jot from its situation. But suppose I put a prop near to the head of the bone, and raise the head of the bone, then I raise the head into the socket; and this is making a lever of the bone itself, applying the prop as near to the head to be raised as possible, in order to increase the length of the lever in applying the power to the other end. Well, I say, if you can get a person off his guard in this manner, you have just to put your hand up to the head of the bone, depress the elbow, and, crack—it goes in. But don't believe that you will often succeed in this. I will tell you, however, the case where there is the most hope; it is the case of a man who has been pulled at lustily for a considerable time, and who is tired and wearied, and does not mind slight motions, therefore he lets you play about his elbow just as you please. You then put your hand under the head of the bone; then you say, "well, sir, but I forgot how you told me you got this accident," and in the mean time you are trying to reduce it, and you do reduce it. Well, suppose you did this, what honour would you acquire? What would the patient say? "O Lord! that there was ever so many men pulled at me, pulling first one way and then another; and there came, at last, a little fellow who cracked it in at once, and a devil of a clever little fellow he must be." (A laugh.)

Well, suppose you cannot elude their vigilance, and I say it is not to be expected, nobody who knew how alert the muscles are would undertake it. Well then, you must overcome their power; and how are you to do this? Not forcibly; your conduct must be governed by certain known laws; you must be acquainted with the action of muscles. Muscles have great power, but no muscle can act in a moderate degree unremittingly. You know that wagers have been laid as to how long a man will hold out his arm horizontally; and a man wagers that he will hold his arm in that position for an hour. The wager is, that you don't do it for ten minutes; he laughs at it, and as he is sure to win takes the wager; but ere three or four minutes elapse, the deltoid muscle aches excessively. O, it's very annoying; and in a minute or two longer he says, "damn the half guinea wager, I'll do no more with respect to it." I have seen people hold out their arm in this manner much longer than I could have imagined; I have seen a man do it for ten minutes, and that was the longest time I ever saw. To hold out the arm in this way, it is requisite that the deltoid muscle should be continually in action. Well, you have to engage the attention, and then you have to pull; yet you don't pull them violently, or in a way to create alarm or opposition. I should always be inclined to say to a patient, "upon my life you hold your arm so tightly—if you would but give way—only yield a little, and the thing would be done." Now I speak of a case where it's simple, near the cup, and where you have simply to draw it. As to using tackle and pulleys, and so on, in a case of this kind, I laugh at it; it seems like breaking a butterfly on a wheel. You have only to make a man fast round a bed-post, or something of that sort, put a napkin round him, and pull; pull so as you will not soon be weary of pulling. If you set persons to pull in a violent manner they get tired, and the patient gets tired; then they tug, then they slack a little; then they pull, then they slack a little again; and in this way they never will succeed. Oh! it's such a regular pull baker pull devil concern, it's quite shocking. (A laugh.)

But I say, in a case of dislocation under the *pectoral* muscles, where the bone lies almost in contact with the collar-bone, for it does absolutely lie in that situation, I never then would attempt to undertake to reduce it without having pulleys, tackles, and every sort of machinery at hand, such as should ensure my success; and the way to do it is this: you must have a cord, surrounded with tow, and afterwards sewed up in leather or cloth; loop it sufficiently to slip over the shoulder, bring it against the inferior costa of the scapula, and bind the scapula up; in short, you make a sort of pad, such as people wear who carry pails on their heads. Then you have straps coming from the pad, which should be fixed in the wall with four screws; but let the straps be very far apart, otherwise you would squeeze the patient's body, and let them be fixed so as not to impede the head of the bone coming into its socket; then by pulling at the elbow you will bring it into its socket. The best way is to put some buff leather round the elbow, and I have always been in the habit of doing it by making a half hitch, or clove hitch, as the sailors call it; when this is put round over the buff leather, one of the ends will draw and the other will not, the one will wedge or jam, and you draw the other as tight as you please. What does it signify if you should stop the circulation? It does not signify for the moment. You put on two half hitches, and pull the bone down to, or under the socket, towards the inferior costa of the scapula, and take great care that the extension be unremitting. Now, under these circumstances, as soon as the muscles are engaged in resistance, you say to the patient, "O, sir, you are holding—you are

opposing, there is nothing that will hurt you; do give way, do yield a little;" and as the muscles become weary, you find the head of the bone to come further and further from under the pectoral muscle; and if you are using pullies, you say to the patient, "just half an inch more, sir; just half an inch more;" then, when it is below the socket, good may be done by putting a prop under the head of the bone and depressing the elbow. You may, with your own hands, use this expedient for reducing the bone. I never failed but in one case, and that is what makes me say I never would undertake this again without having all proper tackle, that there should be nothing wrong. There was a man who had a dislocated *os brachii* of considerable duration; I pulled it until it was as nearly in as possible; it was under the very brim of the glenoid cavity. I then said to the gentleman, "half an inch more;" then, egad, the cord broke, and it went back to the very place in which it was before. Well, that fellow never would let himself be pulled at a second time; he said it never would do, and I never could persuade him to try it again.

Unquestionably dislocations may be reduced after a considerable time, but I do not know exactly what time. This is the rule: if you apply this force, and it is no grand degree of force that is requisite, nor does it hurt the patient materially—if you apply this force, and find that the head of the bone separates very considerably from the place in which it was lodged, you have an assurance that there is no adhesion formed. When the bones are out a considerable time, it is possible the torn ligaments may contract adhesion with the parts where they lie, and then the head of the bone won't move from its situation in consequence of the adhesion. Well, after trying this, and finding that there is adhesion, you had better give it up, for I don't think you are authorized to rend the adhesion; but if you find, and I don't think there is any great length of time necessary for that purpose, that there is a removal of the head of the bone, then go on with your extension. There are some who say, bleed the patient, and put him into a warm bath, and a number of things; but all this I am inclined to smile at, for it would seem to doubt the principle on which dislocation is reduced; it would seem to imply a belief that muscles could act continually and without being weary, or without giving way, but which is not the case.

There is an accident occurring about the shoulder joint, which I have always found to be a very vexatious one, and is very generally found to be a vexatious one; it is what some surgeons would call a *semi*-dislocation of the *os brachii*. Well, with regard to this word, I say, if you allow such definitions, we shall next have it, as in music, a *semi-demi*. Now the bone is out of its socket or it is not, and I say in this case it is not, but it bulges forward. A man tumbles down, falls on his shoulder, and drives the *os brachii* forward, but not out of the socket; he sprains, and perhaps tears, the tendons of the *os brachii*; the head of the bone is sticking forward, but it is not out of the socket. Perhaps many persons might call it a dislocation, but I should say it is not. Now those who would examine it, and say it was not, might say, "you must put your arm in a sling, and I will send you some wash." The patient puts it into a sling; and if you let a man put his arm in a sling, he generally puts it back, which is the very thing to throw the head forward; but put your elbow forward, and the head will recede and go into the socket. Now if the head of the bone is suffered to bulge out in the front, it will prevent the injured tendon from becoming sound again. Well, but I say all this may be prevented merely by bringing the elbow forward; put it in the sling, but let it be brought forward, and let leeches be applied to the front of the joint.

Compound Dislocation.

I have had, in the course of my experience, *three* cases of compound dislocation of the shoulder joint, where the bone was not only out of the socket, but out through the skin. Two of these cases did perfectly well, and one did well eventually, though after a great deal of suffering. Two were reduced, and the wounds healed as well as wounds could do; but with respect to the other, the wound did not heal, but there was inflammation and suppuration, and a great discharge, with a great deal of suffering, but eventually the patient got well. It was a patient I did not attend; I only saw the case, and I report this from the surgeon.

Fractured Scapula.

Now I speak of the fracture of the neck of the scapula. In that case the whole joint drops down together; the cup and the ball, and all falls down, leaving a great vacancy under the acromion. This is a case, I will venture to say, any one who sees it for the first time, will mistake for a dislocation. To be sure there is something in the appearance of a case of dislocation, to a person conversant with dislocations, which will serve to enable him to discriminate with respect to the nature of the accident. In this case the arm drops down loosely, and comes in close contact with the body.

Fractured neck of the Os Brachii.

Next with regard to fractures of the neck of the os brachii, I have seen some cases where the fracture was near the joint; I don't know exactly what the nature of the case was, but we believed it to be the fracture of the neck of the os brachii, where considerable motion arose from turning the end round. There are very serious accidents happening to such parts of the bone, but there are no rules to be given with regard to the treatment of those accidents.

Fractured Os Brachii.

It might be affronting you to speak of the fracture of the os brachii—that 's very simple indeed. But I say the grand rule is, to keep the elbow joint under the shoulder; keep it steadily fixed in its proper situation, and put two splints to it.

LECTURES

ON THE

Diseases of the Nervous System.

BY

DR. CLUTTERBUCK.

Lecture II.

Diseases of the Brain.

Gentlemen,—Having in my last Lecture spoken in a general way of the structure, and circulation of blood in the brain, and also of the effects resulting from its incompressibility, and its confinement in an unyielding case of bone, (the cranium,) which it completely fills, I proceed now to state that *absorption* is a process taking place in the brain, as well as in every other part of the body. It is true, that no distinct apparatus, as far as we know, exists for the performance of this office, no absorbing vessels having as yet been seen. As, however, absorption is necessary, in order to account for the phenomena of growth, and for the explanation of what appears to be taking place in disease, we may safely proceed upon the admission, that absorption exists in this organ, as in every other.

With respect to the *sensibility* of the brain, we must distinguish between the organ itself, and its membranes or coverings. It is sufficiently proved by direct experiments, that great part of the brain, at least, possesses very little sensibility or feeling; for the rudest injuries purposely inflicted on the brain of animals, appeared to give no pain. And we have abundant proofs, that in many of its diseases, and those of the most formidable and destructive kind, it evinces very little sensibility; a curious circumstance, considering that the brain is, as it were, the source of feeling to all other parts. This insensibility of the substance of the brain, is, however, not to be taken without some qualification: the deep-seated, throbbing pain felt at times in the very centre of the brain, in some of its inflammatory disorders, sufficiently proves that it is not wholly destitute of feeling, at least when labouring under disease. But the conclusion, nevertheless is, that the degree and danger of cerebral diseases, are not to be estimated altogether by the pain the patient suffers. On the contrary, it may be rather said, in a general way, that the most dangerous affections of this organ, are often the least painful: witness apoplexy, palsy, epilepsy, and many of the worst cases of fever, where, often, no complaint is made of pain in the head, at the very time that the brain manifests the greatest possible disease, by the disordered and interrupted state of its functions. Hence it is to the state of its *functions*, and not of its *feelings*, that we principally look, as indicating the existence and degree of disease actually present.

The *membranes* of the brain have little or no sensibility in the healthy state, but may acquire it under disease, as inflammation; and that in a high degree; so as to make membranous inflammation of the brain, when acute, like that of other serous membranes, a very painful affection.

Of the Functions of the Brain.

We proceed next to speak of the functions performed by the brain, and which may be divided into *special* or peculiar, and *general* as regards the rest of the system. The *special* functions exercised by the brain, and which belong to it exclusively, are three, viz. *sensation*, *volition*, and *intellect*, or mind or thought.

1. *Sensation* is the result of a change induced in the brain, in consequence of an impression made upon some sentient part of the body; the effect of the impression being transmitted to the brain by the nerves, in a way that we are totally ignorant of. The cognizance which the mind takes of this *sensation*, is termed *perception* or *consciousness*.

There are a great variety of *sensations* producible in the brain, according to the structure, and other properties of the part, upon which the impression is made. A division of our *sensations* has been generally made

into five different species, to each of which a particular organ or structure is devoted: these are called the organs of the *five senses, vision, hearing, smell, taste,* and *touch.* But there are *sensations* which can hardly be included in any of these; as in the stomach more particularly, as hunger, thirst, satiety, and nausea; and probably others in other parts. In disease, we experience also various new *sensations,* for which names are wanting. *Sensation,* likewise, is modified by the nature of the impressing cause, and even by the force with which it is applied: thus we distinguish between pricking, and cutting, and tearing: and between different degrees of heat and cold.

2. *Volition.*—*Sensations* may be agreeable, or otherwise; and we are led accordingly to desire or to avoid the object making the impression. But to attain the one or the other purpose, a movement of some part must be made: and this movement takes place by the contraction of moving fibres, called the *voluntary muscles.*

This contraction is excited primarily by an operation of mind, called *volition* or the *will*; which follows the *sensation,* and which, like this, appears to originate in the brain, and its influence to be communicated along the nerves, to the moving part. This is proved by the division or compression of a nerve, any where in its course; and also by the effect of pressure, or other injury, of the brain itself; by either of which, the influence of the *will* on the *muscles,* is intercepted and prevented. Thus it appears, that the *nerves* are the medium through which the *mind* becomes acquainted with the existence and qualities of things around us; and, at the same time, through which the influence of the *mind* is carried to the moving parts (the *voluntary muscles*) by which we act upon external things.

It seems at first extraordinary, that the same nerves should serve to perform offices so distinct as these. The difficulty vanishes, however, when we consider, that a nerve is, in fact, a bundle of nervous fibrils, each enveloped in a distinct covering, (*neurileme,*) and having no communication with the others but by cellular membrane. Thus, while some of these fibrils serve for the conveyance of impressions from without inwards, others may carry the determinations of the mind in the reverse direction to the moving parts, the muscles.

3. *Of Intellect.*—As sensations are various, we have the power of comparing them together; of judging of them; of feeling desire or aversion for the objects producing them; re-calling the idea of them; and the like: all of which are modifications of *thought,* or *mental operations,* of which the brain is the corporeal organ.

Thus it appears, that the *brain* is the part where *sensation* really exists; where the *will,* or determination to act by means of the *voluntary muscles,* originates; and where the various operations of the *mind* or *intellect* are carried on, as far as organization is concerned. These three functions, then, *sensation, volition,* and *mind* or *thought,* are the *special* functions peculiarly belonging to the brain, or *sensorium commune,* as it is often called. They are denominated, accordingly, the *sensorial functions.*

Whether the other movements of the body, that are not *voluntary,* such as those of the heart and vessels, the alimentary canal, &c. are, likewise, wholly dependent upon the *nervous system,* has been disputed. It has been supposed by some, that the *involuntary* movements alluded to, are effected by an inherent power lodged in the parts themselves, (a *vis insita,* as it has been termed,) and that they take place independently of the *nervous power.* This, however, is doubtful; while it is certain, that the involuntary movements are all more or less under the influence of the *nervous system.* This is a fact that it behoves you to bear well in mind; for many diseases of the brain are as strongly indicated by disturbance in other parts, as by the disturbance of its own feelings or functions.

Thus affections of the brain are often strongly depicted in the countenance; partly by the expression of the eyes, depending chiefly upon the state of contraction in the iris; partly upon the state of action in the muscles of the face, upon the contraction of which the expression of countenance greatly depends.

The *stomach* is a part under the influence of the brain and its functions, in a striking manner. Thus you will observe, that powerful *sensations* of all kinds, whether agreeable or painful, take away appetite, and impair digestion; and the same effects result from intense thinking, *mental emotions,* and great *muscular exertion.* A blow on the head produces *vomiting,* which thus becomes one of the signs of injured brain, upon which much reliance is placed by surgeons; many of the diseases, again, of the brain, are ushered in by *vomiting,* as *apoplexy,* and many cases of *idiopathic fever* of all kinds. In that form of cerebral inflammation that, from terminating in serous accumulation, is called *hydrocephalus,* or dropsy of the brain, *vomiting* is often the first and most prominent symptom; in infants, therefore, this symptom, when severe or continued, ought always to excite suspicion of cerebral disorder arising. In some chronic diseases of the brain, on the other hand, as in many cases of *hemiplegia,* the appetite for food is voracious (*bulimia*); while in others, it is impaired, or lost (*anorexia*); or vitiated (*pica*).

The *intestinal canal*, likewise, is evidently under the influence of the brain; for in the greater number of the diseases of this organ, the intestines become torpid, as is evident in the state of costiveness that ensues (*obstipatio*). On the other hand, it is highly probable that, in certain states of the brain, the intestinal canal may acquire increased irritability, so as to give rise to *diarrhœa*; an affection produced in many individuals by emotions of mind.

The same torpor that affects the intestinal canal, in many brain affections, often extends itself to the *liver*, and probably other secreting organs, the functions of which are, in consequence, impaired or suspended; while it is equally probable that, as with regard to the intestines, the irritability of those organs may, on some occasions of disease in the brain, be preternaturally increased, with the effect of augmenting the secretions. And in this way, I think, the symptoms of *cholera*, namely, vomiting and purging of bilious matters, that attend many cases of fever at their outset, but which cease as the fever advances, may be explained: that is, they are only symptoms of the fever or brain-affection.

It is almost superfluous to mention, that the *heart*, and doubtless the *bloodvessels*, as parts of the same system, are under the influence of the brain, and that in a very high degree. Thus the *pulse* is quickened, or retarded, or rendered irregular, in different states and stages of disease in the brain, so as often to furnish us with means of judging of the condition of this organ. Certain affections of the brain induce a peculiar softness of the pulse, owing apparently to a want of contractility in the individual fibres of the arterial coats; such a pulse is observed in most cases of *idiopathic fever*, and serves, in a great measure, to characterise the disease. In many bad cases of fever, such as are termed *putrid* or *malignant*, this want of contractility extends itself to the extremities of the vascular system, and is probably the occasion of those hæmorrhages of black blood that take place in these cases in and under the skin, as well as from the different outlets of the body. Such a state of pulse is always attended with softness or flaccidity of the solids altogether, and deficient coagulation of the blood when drawn from a vein; and doubtless from a similar cause, want of contractility. I might further add, as a proof of the great influence of the brain over the heart, the ready excitement and disturbance produced in this organ by a variety of *mental emotions*.

The great influence of the brain upon *respiration* is also very striking, acting through the medium of the respiratory muscles. Hence it is, that *mental emotions* often excite the greatest disorder in the action of those muscles, giving rise to slow and interrupted breathing, (*sighing* and *sobbing*,) so as at times almost to threaten suffocation. In some brain-affections, as *apoplexy*, respiration becomes slow and laborious; in others, it is quickened.

There is much reason to believe, likewise, that a paroxysm of asthma, in some forms of this disease, consists in a spasmodic state of the diaphragm, and perhaps of the intercostal muscles also, the cause of which exists in the brain; for I cannot see how otherwise the paroxysm should take place so suddenly, and recede so quickly, as it sometimes does, without any intermediate change by expectoration or otherwise, and without any apparent disease in the respiratory organs themselves. Asthma of this description, is capable of being induced by *mental emotion*, which is a further proof of its dependence upon the brain.

Thus you perceive, that the *brain* exerts a paramount influence in the system, regulating the feelings and movements of every part; and you will not wonder, therefore, at being told, that when the brain is violently and extensively diseased, the whole body and all its functions, both bodily and mental, are liable to be disturbed. Hence the not unnatural mistake of considering certain brain-affections as *universal* diseases; though, in reality, founded in a disease of a single organ.

Now as the brain performs such a variety of functions, *special* and *general*, and as it is an organ of very various construction, and consists of numerous and distinct parts, it is reasonable to believe, even *à priori*, that its different parts are destined to different purposes; one part being devoted to *sensation*, another to *voluntary motion*, and another to *mind* or *intellect*; and that different parts also are in connexion with different organs, throughout the body.

If all this were fully and satisfactorily made out, we should be able to refer a great number of diseases to their appropriate seats in the brain; each part of the structure, (by its connexion with, and disturbance of, particular functions,) giving rise to a particular train of symptoms. So again, from the symptoms taking place during life, we should be able to predict the appearances that would be found after death; or, at all events, the part of the brain affected. But our knowledge of the brain, and of the uses of its individual parts, is too limited to allow of this being done to any great extent. In most cases, we can only refer to the organ generally, as the probable seat of disease. This, however, practically speaking, is of little moment; as we have no remedies, or modes of treatment, applicable to one rather than to other parts of the brain.

Of the state of the Brain during Sleep.

The *sensorial* or proper functions of the brain, have this peculiarity, in comparison with others, that they are subject to be suspended periodically; and for the most part once at the least in every 24 hours. This suspension is termed *sleep*, a state which is subject to great irregularity, both as to the time of its occurrence, and its duration. *Sleep* may be more or less perfect. Instead of a suspension of all the sensorial functions, one or more may remain in an active state; as we see in regard to the mind, in *dreaming*. Sometimes the *muscular power*, and even the external *senses*, are awake; as in cases of *somnambulism* or *sleep-walking*.

This periodical suspension of the *sensorial functions*, it may be presumed, has an influence on the diseases of the brain, and may be one cause at least of their periodical tendency, a tendency which is more remarkable in brain-affections than in others. It may serve also to account, in some degree, for the exacerbations of fever, and even for their *intermitting* character, as often observed, though it must be confessed there would be difficulty in accounting in this way for the different types, as the *tertian* and *quartan*; and also for the different hours of attack, which are observed often to take place, and that with much regularity, at different times of the day.

With respect to the physical condition of the brain in sleep, as compared with the waking state, many different notions have been entertained. It may be worth while to mention a few of these.

Haller ascribes *sleep* to the absence, deficiency, or immobility of the *animal spirits*; or to compression of the nerves at their origin in the brain; and, in all cases, to the motion of the *animal spirits* through the brain being impeded; this impeded motion, he considers to be frequently owing to sanguineous congestion.

Dr. Cullen refers sleep to *collapse* of the brain; by which he understands, a state of *diminished mobility* of the *nervous fluid*: while Brown and Darwin suppose it to depend upon the exhaustion of the principle of *excitability*, as the consequence of the exertions taking place in the waking state, and which is re-accumulated by sleep.

Blumenbach again refers sleep to a diminished afflux of blood to the brain.—Richerand's opinion is not very different from this; he thinks the circumstances denote a diminished circulation in the brain, from less blood being carried to it, and that the brain in consequence falls into a state of *collapse*. Bichat simply refers it to an ultimate law of nature; which is, in fact, no explanation at all.

Some of the opinions now stated, are purely hypothetical, and rest upon no ascertained fact. Such are the notions of *collapse* of the brain, and *diminished mobility* of the *nervous fluid*, or *animal spirits*. The theory of *exhausted excitability*, is negatived by the circumstances; for sleep bears no proportion, or but little, to the degree of excitement or exertion that takes place during the day. Without mentioning further objections, I shall offer what appears to me the most probable solution of the problem; though in some points it may be little more than conjectural.

That the states of *sleep* and *waking* are to be referred to the brain, and that exclusively, appears from different circumstances. *Sleep* is a cessation of the proper functions of this organ, and which does not materially affect other parts. It is produced by causes, some of which act immediately upon the brain; such as direct pressure, either external or internal. These are sufficient to warrant us in considering the brain as the *seat* of sleep, if one may so speak.

2. There appears reason to believe, that sleep is occasioned by impeded circulation in the brain, that is, in those parts of the organ which are devoted to the *sensorial functions*. This, I think, will appear from a consideration of the causes that are found to induce or favour the approach of sleep, as well as those which tend to prevent it.

In the first place, direct pressure upon the brain, whether produced by external or internal causes, suspends the *sensorial functions*, or, in other words, induces sleep; and it is evident that this cause must have the effect of compressing more or less the blood-vessels of the brain, so as to impede proportionally the circulation.

Secondly, the recumbent posture, and still more a depression of the head below the level of the body. This impedes the return of blood from the head, and so far must retard the circulation in the brain.

This leads me to recommend to your notice, a practice from which I have seen, I think, much advantage; namely, that of laying the head low in bed, and even considerably lower than the trunk of the body, in some affections of the brain where the *sensorial functions* are greatly excited. I was first led to this, by observing the patient getting his head off the pillow, as if he suffered less in this posture.

These causes operate directly in inducing sleep: but there are others, which produce their effect in an indirect way, though they ultimately produce the same result, of retarded circulation in the brain. No one doubts, I believe, that a moderate exercise of the *sensorial functions*, whether it be muscular exertion, agreeable sensations, or mental employment, is attended at first with an

increase of vascular action in the brain; or that the continuance of such exertion leads naturally to the opposite, that is, diminished action; just as exercise is followed by fatigue. And I need not observe, that such a moderate exercise of the faculties, continued for a certain time, favours the approach of *sleep*.

Thirdly, darkness and silence, which generally (though not always) conduce to sleep, probably operate by the abstraction of stimulus from the eye and the ear, the excitement of which organs tends, *for a time*, to ward off sleep, though the same excitement, when continued, ultimately promotes it.

Fourthly. How *opium* or other narcotic substances, operate in producing sleep, it is more difficult to determine. There is great reason to suppose, however, that these drugs do, as their primary effect, increase the arterial action of the brain in a high degree; at least, we have all the signs of their doing so, with regard to the external vessels of the head; while the throbbing head-ache that succeeds the use of them, when the stupor is at an end and the patient recovers his feeling, serves to show what has been going on within. How an increase of arterial action in the brain, taking place to a certain degree, tends to retard the circulation through the organ, will be made to appear hereafter.

Upon the whole, I think it probable, that the immediate or proximate cause of *sleep*, or a suspension of the *sensorial functions*, is *retarded circulation* in such parts of the brain as are devoted to those functions. The gradual approach of sleep, and its imperfect state at first; and also the gradual return to the waking state; agree very well with the supposition here announced.

We are prepared now, Gentlemen, to enter upon the consideration of the diseases of this part of the frame, the brain. Many of these, of a chronic kind, have been called *nervous*; though improperly, as they have no immediate concern with the nerves themselves. Those who employ the term *nervous diseases*, seldom affix any distinct meaning to the expression: *brain affections*, is the one by which they may be properly designated.

Brain affections, then, are infinitely various as to form, but, in nature, very simple and easily understood; as far at least as our limited knowledge of this part of the animal economy allows of. Almost all the cerebral diseases we have any distinct knowledge of, either consist immediately in disordered arterial action in this organ, (and that for the most part of an inflammatory kind,) or are consequences, more or less remote, of such a state. This, I have no doubt, will appear clear to you, when we come to speak of them more in detail. If there be any that originate in a different way, we have at least no distinct knowledge of them, and in order to explain them are obliged to resort to conjecture and hypothesis; as those do who talk of *collapse* of the brain, of *diminished mobility* of the *nervous fluid*, and other imaginary states, that rest upon no real observation. It cannot be doubted, that the functions of the brain are capable of being disturbed in a great variety of ways, by disordered action of its vessels, even though not amounting to actual disease; as may be seen by referring to the state we call *intoxication*, as produced by vinous or spirituous liquors. Now as this state tends to throw light upon some of the diseases of the brain, such as *apoplexy* and certain forms of fever, I shall endeavour to explain to you the nature of *intoxication*, as resulting from increased arterial action in the brain. But this must be deferred till our next meeting.

FOREIGN DEPARTMENT.

PHYSIOLOGY.

Experiments relating to the Question, Whether the Blood can be the Seat of Disease? Paper read at the Academy of Sciences, Feb. 21, 1826. By SEGALAS D'ETCHEPARE*.

The different parts of the body, the fluids as well as the solids, may undergo modifications in the state of disease. This is a fact demonstrated by observation, and acknowledged by the profession. But the morbid changes of the fluids, do they merit the name of diseases? In other words, can they be the seat of primitive alterations, and such, that disorder of the organs and disturbance of the functions can be the consequences or symptoms? This is a point still contested by several pathologists; experiment appears to prove, that those fluids which play the principal part in the animal economy, are subject to changes. The experiments which have been tried are numerous; they have been tried with different agents, and on animals of different classes and genera. I will only mention for the present those I tried on dogs with *alcohol*, and the alcoholic extract of nux vomica.

1. If a certain quantity of alcohol at 36°, half an ounce, for instance, were injected

* Archives Generales, Sept. 1826.

into the jugular vein of a dog, the animal instantly dies, and on opening the body, the blood will be found manifestly changed; it is grumous, similar nearly in colour to turned milk. Moreover, the lungs become redder and thicker, and are ecchymosed at different parts.

2. If the injection be made with alcohol, diluted with four or five parts of water, the animal falls immediately after the operation, and shows itself to be in a state of complete intoxication, immoveable and insensible to every thing passing about it, and exhibiting signs of life, by a weak or low respiration, and a pulse scarcely perceptible.

3. In this case, if the quantity of alcohol is moderated, for instance, a drachm for a dog of middle size, the animal instantly makes some movements of the head, which are followed by efforts to raise itself; in a few minutes it gets on its legs, walks at first in a tottering manner, and shortly afterwards in the natural way. This return to the pulmonary state, takes place in proportion as the alcohol is eluminated, for this was proved by the smell of the pulmonary transpiration.

4. This experiment several times repeated, invariably gave the same result, if care were taken that the animal did not exhale any more of the alcoholic smell. In this manner in less than an hour, an ounce of alcohol might be transmitted with impunity through the veins of a dog thirty pounds weight.

5. The same quantity of alcohol taken into the blood at one time impresses the respiration in a few seconds, and the pulsations of the heart in two or three minutes. On examination of the body, no change can be detected in the solids bearing a relation to such a result. Thereby the lungs, at other times permeable to the air and the blood, are redder than natural, and slightly ecchymosed in several points of their extent. But the physical state of the blood was absolutely changed. Without being grumous, as after the injection of pure alcohol, it assumed a creamy appearance, and was uniformly thicker.

6. If the injection were made into the bronchia, drunkenness took place with just the same rapidity, as by the direct mixture of the alcohol with the blood, and the appearance of this fluid is the same; but it requires more spirit to develop itself, and a little longer time to be dissipated.

7. If the nerves of the 8th pair be divided, or left untouched, the injection of the alcohol into the bronchia produces drunkenness with the same quickness and the same energy.

8. Drunkenness, produced through the stomach, demands for its development much more time and alcohol than that which succeeds to the immediate introduction of the liquid into the vein, but it is also dissipated much more slowly.

9. During this drunkenness, however slight, at the same time that the stomach is more or less irritated, the blood is sensibly thickened, and remains so even when the animal is killed from asphyxia.

10. The effects of the injection of alcohol into the stomach are the same when the nerves of the 8th pair are cut or in contact, every time that an impediment was caused to the vomiting by the application of a ligature on the œsophagus.

11. Alcohol injected into the pleura, the peritoneum, the bladder, and the subcutaneous cellular tissue, acts again in the same way, but with a quickness and an intensity varying according to the absorbing faculty of the part with which it is put in contact.

12. That by a copious bleeding the mass of the blood is diminished, and then less alcohol is necessary to produce drunkenness, and longer time to cause its effects to dissipate.

13. The injection of much water into the veins exercises, for instance, an opposite effect.

Drunkenness produced through the stomach manifests itself sooner after a large loss of blood, and slower after a strong injection of water into the veins.

A question here naturally arises, Are the effects produced by the alcohol owing to the presence of that fluid in the blood, and are the phenomena which result, caused by the influence of the blood on other organs, more especially on the brain? But what are these phenomena? Are they not symptomatic of an alteration of the blood—in fact of a disease of the blood? If we assume the affirmative side of this question, we shall have a ready explanation of several parts which were hitherto inexplicable. Thus oil will prevent the effects of the alcohol, and ammonia and acetate of ammonia will diminish it. Probably these latter substances, being usually direct stimulants of the nervous system, may exert a contrary influence to that of alcohol; it probably is not going too far to say that the ammonia, which in such cases is usually given by the stomach, combines with the acid in the stomach, and that the acetate of ammonia thus produced, when it reaches the blood, is decomposed by the alkalies of the latter fluid by the soda, and so that the ammonia becoming free removes the partial coagulation which existed in the

blood. The acetate of ammonia would produce the same effect.

Is the diaphoretic action of the ammonia, and acetate of ammonia, produced by this modification of the blood? The opinion is quite consistent with the hypothesis which I have endeavoured to establish, but this inquiry I shall not pursue for the present, as my views must be bounded by the results of experiment. I shall, therefore, pass on to the results and trials made with the alcoholic extract of nux vomica.

1. If a certain quantity of alcoholic extract of nux vomica be injected into the veins of a dog, the animal is instantly seized with a general tetanus.

2. If the quantity of the poison used be considerable, the animal dies in a few minutes; but still, if the body be opened, no perceptible alteration is found in any of the solid parts.

3. If the quantity of the poison injected into the vessels be moderate, the tetanus excited by it is, in a certain degree, intermittent,—it appears and disappears alternately for some time.

4. If the poison be injected into the bronchi, stomach, or bladder, the similar effects are produced, with this difference, however, that the time and quantity of the poison necessary for their protection, vary according to the absorbing power of the part to which it is applied. Thus two grains of the alcoholic extract injected into the bronchi, will cause death in a few seconds; whilst two drachms injected into the bladder, will cause only some tetanic symptoms within ten or fifteen minutes.

5. If the eighth pair of nerves be divided, the poison produces all its usual effects, and without any retardation of its quickness,—no matter whether it is thrown into the bronchi or stomach. If the medulla spinalis be cut across, the poison will act on the muscular system, whether it is injected into the veins, cellular substance, or into the cavities.

6. If, after having divided the medulla spinalis, the abdominal aorta be tied above its bifurcation, the poison will not act on the lower extremities, though its effects on the upper ones are instantaneous.

7. When, without dividing the medulla or nerves, the aorta alone is tied, the same effects follow; it should be remembered, however, that some degree of paralysis is in the first instance caused by the ligature; the experimenter should wait until this has passed off, before the poison is applied.

8. *If the venous circulation be suspended after the poison is inserted into one of the lower extremities, it will not exert any influence, local or general.*

This important fact has been fully recognized by all inquirers since the publication of Dr. Barry's researches; his explanation of it also, is now very generally admitted.

9. When the poison is injected into the crural artery, the limb becomes affected with instant contraction, and soon after the tetanus becomes general, whether the medulla spinalis is divided or not.

10. When the medulla is divided between the loins, the poison injected into the veins, or placed in some part so as to be absorbed, excites contraction of the paralysed muscles, as well as in those not paralysed, but not so speedily.

11. When the medulla is divided higher up, the poison injected into the veins excites contraction in the paralysed muscles in the same way as in those which are not so.

From these experiments it obviously follows, that the nux vomica acts on the system, not through the medium of the nervous chords, or of the nervous centre, viz. the brain or spinal marrow, but through the circulating fluid, the blood. This fluid seems, in the first instance, to be altered in its physical or chemical properties, and the effects which follow, seem to be the result of its influence on the other organised systems, particularly the nervous. Are not these phenomena, then, indications of an alteration in the blood? Should they not be considered as symptoms of a disease of that fluid?

One thing may here be observed: the paralysed muscles are not so quickly acted on by the poison as the sound ones, as was pointed out by M. Fouquier; but this admits of an easy explanation. The sound muscles being subject to the influence of the brain, as well as of the poison, resist for a short interval the action of the latter, whilst the paralysed muscles being withdrawn as it were from the controlling power of the nervous system, are exposed at once to the influence of any deleterious substance, brought into contact with them by the circulating medium. We may, then, in conclusion, say, that the blood may become the seat of disease, and this should be borne in mind by those who are engaged in the investigation of its phenomena.

THE LANCET.

London, Saturday, November 11, 1826.

Manuel de Clinique Medicale et de Pathologie. Par L. MARTINET, D. M. P. Paris, 1826. 2ieme Edition.

Manual of Pathology, &c. By L. MARTINET, D. M. P. Translated, with notes and additions. By JONES QUAIN, A. B. Demonstrator of Anatomy at the Medical School, Aldersgate Street, London. Anderson. 1826.

THE author of the above work, M. Martinet, has for some years held the situation of resident physician in the Hotel Dieu, at Paris, which must have afforded him abundant opportunities of investigating disease in all its forms. Not content with discharging the routine duties of his office, he appears to have applied himself diligently to the study of pathology, and feeling the want of an elementary book on this science, endeavours to supply the deficiency by the publication of the work before us. The arrangement pursued, is stated in the preface in the following words:—

"The first part of this work, which is intended as a clinical guide, contains a brief statement of the necessary requisites for the proper conduct of clinical pursuits; and a detailed account of the improvements which, of late years, have been introduced in methods of investigating the diseases of the three great cavities of the human body.

In the second part, care has been taken to give in a condensed yet complete form, every thing that is necessary to enable the observer to distinguish diseases from each other, and, if necessary, to draw up with precision the history of them; to this is subjoined an enumeration of the symptoms of the different affections, and the morbid alterations which they induce."

On the subject of the attainments necessary to be possessed prior to the commencement of the study of the medical profession, M. Martinet makes the following observations, in which we fully concur:

"Whoever wishes to extend the boundaries of science, should commence his education by acquiring a perfect knowledge of the Greek and Latin languages, and should then proceed to learn the modern languages, particularly the French, Italian and German. This is necessary, to enable him to study with effect the many excellent works published by our neighbours; and (should he visit those countries,) to observe with advantage their clinical practice, and form an accurate estimate of their modes and principles of treatment.

The observer should acquire correct ideas of several sciences which may be deemed accessary to medicine. He should be acquainted with chemistry, natural history, and natural philosophy, as he will constantly have occasion to make application of their principles; and if he be ignorant of them, many physiological and pathological phenomena will appear altogether unintelligible."

Our readers will perceive the great similarity between these opinions and those advanced by Dr. Gregory, and more recently by Mr. Alcock, in his "Essay on the Education and Duties of the General Practitioner." Indeed M. Martinet and Mr. Alcock coincide in many points on the education of the medical student, and the mode of investigating disease; both authors having stated what the education of the medical man *ought* to be. In the work of the latter gentleman, which abounds with sound sense, there was one part of the present system in this country which was not exposed in that strong light which its pernicious consequences on the profession really required; we allude to the system of apprenticeship. This system commenced at a period when the profession was in its infant state, and a mere trading concern might have received some justification from the ignorance of the times in which it was adopted; but that it should be continued at the present day, when the spirit of improvement has manifested itself in every other department of science, must be a source of regret, as well as astonishment, to every man who has reflected on the subject. Unfortunately, what any man writes on the system of education which *ought* to be pursued by medical students, cannot be carried into practice in

this country as long as the present regulations of some of its medical bodies are allowed to exist.

The next part of the work includes an account of the various improvements which have been lately devised for the perfection of the methods of investigating disease. The author, as well as the translator, seems a decided disciple of Laennec. Mr. Quain will not even allow the scientific terms of his master to be translated, and has entered a formal protest against giving them in an English garb; his words are as follow:—

"It appears, however, preferable to adopt at once the terms devised by Laennec, which will save us from having new translations of them, according to the whim or the fancy of particular persons. The inconvenience of this practice, should it become general, will soon be rendered apparent, as histories of cases begin to be published, containing statements of the signs furnished by the stethoscope. For as all these consist of simple ideas, if each of them be not marked by a term precise and definite, it will lead to endless confusion and discrepancy."

We have, from the commencement of our labours, frequently advocated the use of the stethoscope, and pointed out the advantages to be derived from its use in the investigation of disease. There are, however, individuals still sceptical of its merits; to such we recommend the perusal of the following note:—

"By means of the stethoscope we can analyse the heart's action, and assign the time occupied by the contraction of each of its cavities. When the instrument is applied to the præcordial region, we hear first a dull, lengthened sound, synchronous with the arterial pulse, and therefore produced by the contraction of the ventricles; this is instantly succeeded (without any interval) by a sharp, quick sound, like that of a valve, or the lapping of a dog; this corresponds to the interval between two pulsations, and therefore marks the contraction of the auricles; then comes the interval of repose. The relative duration of these three periods may be thus stated: one half, or somewhat less, may be assigned to the contraction of the ventricles; a quarter, or a little more, to that of the auricles; the remainder for the repose. According to this statement, if we take any given period, say twenty-four hours, we at once are compelled to conclude that the ventricles are in action twelve hours, and therefore rest twelve hours; the auricles are in action six hours, and rest eighteen hours.

This calculation is applicable to a healthy adult, whose pulse beats seventy strokes in a minute. It assumes, that some will be disposed to deny that the heart is passive in its dilation; but opinions on the subject are so various, that it would be impossible to give any summary of them in a note."—T.—See Laennec, Vol. 2.

The first diseases treated, are those of the brain; the enumeration of the symptoms of which, is immediately followed by the morbid appearances presented after death. The diseases of the chest, then those of the abdomen; and, lastly, those of the primary tissues are given. The order pursued is strictly anatomical, and has the merit of being clear and intelligible. To students of medicine, the work, in our opinion, cannot fail to be useful. Its defect is, perhaps, the want of any directions respecting the treatment of the diseases so concisely and ably illustrated. But there exists, in this country, a rage, or rather vitiated taste, for the practical part of a subject, as it is termed, or the treatment of a disease, if the disease be the subject, before the principles on which it depends are fully understood. Against this misdirection of the mind, a young man cannot be too often admonished; we would entreat the medical student, in particular, to direct his attention to the considerations of the pathological condition on which disease rests, before he perplexes himself with the treatment of what he is in fact ignorant. The pathological conditions cannot be understood, without a knowledge of the tissues in which they occur; and, therefore, the students must, in the one case as well as the other, lay a proper foundation, else the house which he raises, however gaudy its exterior, will soon require props, and ultimately fall.

Mr. Quain has departed from the original in some respects: the chapters on pleurisy, catarrh, pneumonia, and phthisis,

have been re-written, from the consideration that those in the original were too brief, and several notes have been added. In other respects, the translation is faithful. From the manner in which the work is presented to the English reader, it is evident that the translator fully understands the subjects on which M. Martinet has written.

On the Use of the Chlorate of Soda, and of the Chlorate of Lime. By D. G. Labarraque, Pharmacien, of Paris, &c. Translated by James Scott, Surgeon. 8vo. pp. 36, London. Highley.

About four years ago, M. Labarraque commenced his experiments with the solutions of the chlorates of soda and lime at the Morgue and other places in Paris, on a large scale, the results of which were so satisfactory, that the police ordained that the above named preparations should be always employed for the purpose of disinfecting the atmosphere wherever it might be found necessary. The efficacy of the chlorates of lime and soda in staying the progress of decomposition of animal matter, has been decided by experiments made under the superintendence of the Members of the Institute, who awarded to M. Labarraque their first prize in June, 1825. It is not to be supposed that these substances have been discovered by the Parisian apothecary, or that he was the first to make this application of them; but he has the merit of making them more extensively useful than before; and it will be seen by the sequel, that they may be made very valuable to many classes of the community.

The chlorate of lime, and the solution of the chlorate of soda, have the property of arresting the decomposition of animal matter, and of purifying the atmosphere when loaded with any of the products of such decomposition. They may be turned to great account in our dissecting rooms, and in the disinterment and inspection of bodies for legal purposes. In one of the numbers of the *Gazette de Santé* of 1824, we remember to have read a case in which MM. Orfila, Gerdy, and others were requested by the *Procureur du Roi*, to exhumate and examine a body suspected to be poisoned, after it had been buried a month; and although the corpse was in a dreadful state, they were enabled, by sprinkling the body with a solution of the chlorate, to go on with the investigation, and detected the presence of arsenic in the stomach. It may be used with great advantage in cleaning sewers, privies, &c. in such a way as not only to prevent the fatal accidents which occasionally occur to the workmen, but also to prevent the dissemination of that horrible stench which issues from such places. Small quantities of it suffice to render water-closets, stables, wards of hospitals, prisons, ships, or, in fact, any place where the atmosphere is more or less loaded with the effluvia of animal or vegetable matter, perfectly inodorous. But the useful application of either substance does not rest here; it may be introduced with great advantage into surgical practice; it has already been used by many of the Parisian surgeons with the best success in cases of carbuncle, hospital gangrene, sloughy venereal ulcers, and gangrenous sores. It has been observed to be particularly efficacious in chronic or indolent ulcers, hospital gangrene and mortification. It is used pure, or mixed with one, two, or as many as eight parts of water, in the form of lotion; and care should be taken that the wounds are covered with lint moistened with the liquid, which should be renewed twice in the day, and its use suspended when the sore begins to look red and inflamed. The after part of the treatment must be regulated according to ordinary surgical principles. The linen and pledgets of lint used for the dressings of fœtid sores, retain their odour for a long time, and contribute to the insalubrity of

the patient's apartment. By pouring a glass of the concentrated chlorate into ten pints of water, and soaking the linen in the liquid, all the disagreeable odour will be taken away.

Experiments have been made with the last named preparation by Jules Cloquet, Lisfranc, Biett, and others, and they speak highly of the results. Lisfranc has for some time past treated his cases of burns and common ulcers at the Pitié, with the solutions of the chlorates; and we understand that he intends to publish a paper shortly on the subject.

In certain cases of disorders of the bladder, the urine becomes offensive, and disgusts the patient; it is rendered quite inodorous, by placing a few drops of the solution of the chlorate of soda in that fluid. The same result may be produced on urine scented by eating asparagus and other vegetables.

The following cases, illustrating the good effect of the chlorate, are mentioned by the author:—

"*M. Samson*, Surgeon, (*Ordinaire*) at the Hotel Dieu, has disinfected ulcerations of the mouth with caries of the palate, and suspended for some time the ravages of this frightful disorder. The same surgeon, after having in the presence of Dr. Lefevre put a ligature upon a large uterine polypus, discovered that putrefaction had commenced in it; he accomplished its disinfection by the application of chlorated water, and the mortified part was detached. The operation was attended with success.

Dr. Chantoureille treated two cases of cynanche maligna with the chlorate of soda diluted in ten parts of water; and the fœtor, so dangerous to the attendants and physician, was destroyed. These cases were communicated to the Society of Medicine at Paris. More recently he has been again successful in administering the chlorate in the dose of twenty-five drops in a glass of water, for removing the hydro-sulphuric gas, which severely affected a person who had been poisoned by the hydro-sulphuret of potass, after the latter had been expelled by vomiting. His memoir, read at the Royal Academy of Medicine, gave rise to a learned report.

A very remarkable fact was observed, in a case of asphyxa, presenting the most serious tetanic symptoms; the patient was restored by breathing the chlorate of soda.

Ulcer of the nose (*ozæna*) has been disinfected by injections used twice a day, of the chlorate of soda diluted with from 2 to 10 parts of water, and this fœtid ulcer cured.

I am indebted to *M. Sègalas*, who devoted himself particularly to the diseases of the urinary organs, for the knowledge of a remarkable fact connected with the correction of urine *while in* the bladder, from the use of the chlorate, and I introduce it here, to draw the attention of professional men to analagous cases.

M. G. aged 69, affected with paralysis of the bladder, and unable to pass his urine by voluntary efforts, had suffered for several days the painful effects of distension of the bladder. The hypogastric region was swollen and painful; the urine turbid, and smelling of ammonia, deposited a thick, brown and fœtid pus; the tongue dry; the skin hot; the breathing oppressed; the voice hoarse and feeble; there was much nervous irritation; accompanied at times by delirium. *M. Sègalas* was called in; this physician obtained, by an examination with the catheter, a confirmation of the diagnostic established by the symptoms. A sound of elastic gum, introduced with the greatest facility, discharged a large quantity of purulent urine of an insupportable odour. The instrument was suffered to remain for two days, but became often obstructed. Injections were frequently used, but with little success; this, at length, determined *M. Sègalas* to use a catheter with a double barrel, and to wash the bladder copiously with water, after the ingenious method of *M. Jules Cloquet*..

This treatment, which occupied several days, had the desired effect; the bladder was relieved of the putrid matter which occupied it, the urine being easily withdrawn by the aid of a catheter, and the general state of the patient was sensibly improved; but the urine continued to deposit a fœtid pus, which sometimes completely encrusted the catheter.

M. Sègalas therefore had recourse to the chlorate of soda diluted in sixty parts of water, throwing it into the bladder by means of the double catheter. The first injection produced *a diminution very remarkable in the secretion and odour of the pus*; a second, performed forty-eight hours after, was followed by a similar success, and two more injections, performed at an interval of two days, placed the patient in a state to attend his occupation, by using the catheter for drawing off the water. He did not experience the slightest ill effects during the use of the chlorate thus diluted.

Public salubrity shows the necessity of sprinkling dead bodies (which begin to give

evident signs of decomposition) with the disinfecting chlorate, before the time prescribed by usage and by law for their interment. In this case a bottle of the concentrated chlorate must be put into three gallons of water; a linen cloth is to be dipped into this mixture, and the corpse covered with it, the same liquid being frequently carefully sprinkled over it during the time it is watched. The necessity for this operation is daily perceived at Paris, and considerably more so in hot climates. Also professional men, when examining or embalming dead bodies, preserve themselves from all unwholesome emanation, by using the chlorate in the manner just described.*

The chlorate of soda diluted in 25 or 30 parts of water, has been employed with success in disinfecting and preserving subjects in dissecting rooms; this operation is performed by means of a tin watering pot containing about six quarts, which is to be filled with chlorated water; the fœtid body is to be sprinkled twice a day, and the surface afterwards brushed and washed with clear water. The moment the chemical preparation comes in contact with the body, the effluvium is destroyed, and the impregnated air instantly corrected."

The *epizootic meurtriere*, a disease which has been very prevalent in France, and fatal among horses, furnished an opportunity of trying the effects of the chlorate of soda on the carbunculous affections to which these animals are subject. The following cases were treated by M. Bouley, junior, and inserted in the "*Recueils de Medicine Veterinaire*" for June, 1825.

"Case 1.—On the 31st March last, a bay horse, five years old, belonging to Count D'Yssy, was attacked with the prevailing disorder; a rational treatment was adopted to combat this affection, which presented no alarming symptom until the fifth day, at which time a considerable tumour, rather painful, appeared at the chest, at the very place where two setons had been made some days previously, and which took, in a short time, all the characters of carbuncle.

I was anxious, therefore, to suppress the two setons, and instantly ordered the actual cautery (douze à quinze pointes de feu) to be applied to the swelling, and prescribed the extract of gentian with camphor in proper proportions. These means did not produce the effect which I expected, and in the night, between the fifth and sixth day, the disease made rapid progress (*the cautery was reapplied and the medicine repeated*). At length, on the seventh day, the tumour, which had enlarged considerably, began to discharge a sanious humour, fœtid and of a particular odour, which left no doubt of the existence of gangrene; the prostration of strength was at its height, and every thing announced a fatal and speedy termination. Such was the hopeless state of the animal, when Dr. Ségulas saw him, and advised me to use the chlorate of soda of M. Labarraque, assuring me, that he had observed the most miraculous effects on men, in a similar case. I was eager to profit by the advice of this able physician, and I instantly ordered injections of the chlorate into the openings made by the cautery. These injections were repeated every hour, and the sores dressed immediately with tow. I also ordered frequent sprinklings in the stable, with the same liquid diluted with five or six parts of water. From the time I first used the chlorate of soda, the tumour made no sensible progress, and the disagreeable odour which it exhaled, partly ceased. From the fourth to the fifth day the sloughs began to separate, suppuration commenced, and all danger ceased. At last, the large sore, which was the result of gangrene, quickly healed, and in less than a month, the animal was in a state to resume his usual labour.

Cases 2 and 3.—Two old horses belonging, one to M. Ingé, butcher, at Paris, the other to Mr. Renoult, farmer, at Yvry, were affected with the prevailing disease in the month of May, and both experienced the same effects as the former, from the application of setons. These two animals were treated and cured by the same process in the space of twenty or twenty-five days.

I do not pretend to say that the chlorate of soda will be a panacea against gangrenous tumours, nor do I imagine that this medicine alone will suffice, nevertheless I think that it is a most *powerful auxiliary*; and I am authorized by facts thus to judge of it, since five horses which I treated only by cauterization and tonics died, whilst those which were submitted to the influence of the chlorate were cured."

M. Chanas, veterinary surgeon of the Gendarmerie of Paris, made a deep and extended incision (on each side of the neck of a horse) into a carbunculous tumour, which, in a few hours, had assumed an extraordinary appearance, without apparently producing the least pain: he then placed pledgets of tow, moistened in the concentrated chlorate, on the incision; at the end of four hours the animal experienced pain;

* Those who are appointed to attest the death of persons, and others engaged with the sick, may secure themselves from fœtid emanation by smelling the chlorate, carried in a bottle for that purpose.

the dressings were continued morning and night, for five days, with the same liquid; the tumefaction progressively diminished; a cicatrix formed in a short time, and the horse recovered.

Messrs. Dupuy, Giraud jun., and Vatel, professors at L'Ecole d'Alfort, and Berger, veterinary surgeon of the Garde du Corps, have equally proved the properties of the chlorate in these affections.

Instructions for disinfecting and purifying the stables of the King's Guards, and of the Gendarmerie at Paris, have been printed, and there is good reason for congratulation, that these directions have been implicitly followed; for death, from this time, ceased its ravages. A great number of proprietors have equally experienced the good effects of the use of the chlorate of soda in stables, cow-houses, sheep-stalls, &c. M. Giraud, senior professor, and director of 'L'Ecole d'Alfort,' in the third edition of his *Notice Sur la Maladie qui regne Epizootiquement sur les Chevaux*, prefixes the following remarks:—

'This liquid, employed with advantage by Messrs. Bouley, junior, and Vatel, speedily destroys the fœtid odour exhaled from tumours, facilitates the separation of eschars, and appears to be a powerful antiseptic.

Respecting the *disinfecting and purifying of stables*, M. Labarraque gives the following directions.—

"The chlorate of soda may be of great use for purifying and disinfecting unhealthy stables, and those which have been inhabited by sick horses. It should be used in the following manner: a bottle of concentrated chlorate of soda is to be put into a pail of clear water, and the mixture stirred; a strong brush, or a birch broom, is to be dipped into the chlorated water and immediately rubbed, with force, over the walls, manger, rack, and generally throughout the whole stable: this done, all the parts which have been brushed with the chlorate are to be washed with clean water; lastly, finish the operation by brushing the parts again with the chlorate, in the same manner as painters give a second coat. A stable of forty feet in length by twelve in width and ten in height, requires four bottles of concentrated chlorate; each bottle should be diluted in ten or twelve quarts of soft water; from this we can judge that one bottle will be sufficient for a stable of three or four horses.

The disinfection of the stable being accomplished, the doors and windows should be left open for it to dry; healthy horses may then reside in the stable without fear of being infected; yet, in a case of *epizootia*, we ought, as a prophylactic means, to sprinkle the stable, night and morning, with chlorated water, prepared in the following manner: a concentrated bottle of chlorate is to be mixed in four or five pails of water, and the stable to be well sprinkled with this mixture; neither horses nor men will experience the least inconvenience from this mode of disinfection, and great advantages will be derived from the salubrity of the place.

For washing horses, as is the custom when they are cured, and before placing them with healthy horses, it would be well to substitute for vinegar and water, a small quantity of chlorate and water, prepared in the same manner as recommended for sprinkling."

Another case shows the value of the preparation in a case of asphyxia, produced by the mephitic emanations from a sewer, and the power of the chlorate in preserving from such injurious agencies.

"It appears to me," says M. Labarraque, "very desirable to recommend patients to breathe the chlorate of soda and of lime, in all cases of asphyxia, occasioned by sewers and privies, even long after the occurrence of the accident, should they still find themselves under the influence of the deleterious gas."

The method of preparing the chlorate of soda, as directed by M. Labarraque, is as follows:—Dissolve two and a half kilogrammes* of pure carbonate of soda, in ten kilogrammes of distilled water. Mix in a bottle that will be about one-fourth empty; then put the following mixture into a spherical glass bottle, large enough to hold two quarts, having a long neck and large mouth:

Hydro-chlorate of soda (common salt,) 576 grammes; †

Peroxide of manganese, powdered, 448 grammes.

A curved and a syphon tube are to be luted to the vessel; the curved tube is to be made to pass into a small bottle containing some water, and from this second bottle another tube passes into the vessel containing the saline solution. The tubes being dry, a mixture of about equal parts of sul-

* A killogramme is 2lb. 3oz. 5dwts. avoirdupois.

† A gramme is about 15½ grains.

phuric acid and water is to be poured into the vessel containing the manganese, through the syphon tube. Heat is then gradually applied, and continued until the disengagement of chlorine gas ceases. If the chlorate of soda be properly made, a very small quantity of it will discharge the colouring matter of a solution of indigo.

We think Mr. Scott has done the public a material service by translating this little treatise; and we recommend it, therefore, with pleasure, to the notice of our readers.

A System of Anatomical Plates, with Descriptive Letter-press. By John Lizars, F.R.S.E., Fellow of the Royal College of Surgeons, and Lecturer on Anatomy and Surgery, Edinburgh. Folio. Part XII. Lizars, Edinburgh, and Highley, London.

The present fasciculus, containing three engravings of the gravid uterus, and four of the lymphatics, concludes the valuable system of anatomical plates which Mr. Lizars commenced about three years ago, and of which, from time to time, as the parts have appeared, we have had occasion to speak in favourable terms. This concluding part fully sustains or rather adds to the deserved reputation of its author; and now that the series is completed, we can most confidently recommend it to the notice of the practitioner, the student, and the man of letters. The work in its complete form is dedicated, by permission, to his Majesty; and Mr. Lizars has very properly taken the opportunity so graciously afforded him, of laying at the foot of the throne a national grievance, of the greatest weight and importance. In allusion to the scarcity of subjects for dissection, Mr. Lizars thus addresses the Sovereign:—

"Sire,—You will graciously permit me to assign a very imperative reason for presuming to solicit the notice of your Majesty.—I am emboldened, by the highest of all obligations, to avail myself of the appearance of this work, to suggest the necessity for speedily adopting some measures in behalf of the science, to the advancement of which it is conscientiously devoted. It is impossible for me, or for any other teacher in this department of professional education, not to regret, most painfully, that, through the increase of certain prejudices, as illiberal as they are alien to true philanthropy, obstacles are daily arising in your Majesty's United Kingdoms to the prosecution of anatomy. It is equally impossible not to believe, what ample observations demonstrate, that the magnitude to which they have already attained, is, in its infallible and invincible operation, signally and seriously injurious to your Majesty's subjects, both in the public service and in all the ranks of private society. Many more of these than unsuspecting benevolence could have imagined, are doomed, it were easy to prove, to a premature grave, by the consequent deficiency in this requisite science on the part of those to whom the care of life and health is committed; and I will state, most respectfully to your Majesty, in evidence of this alarming truth, well known and universally deplored as it is in the schools of medical learning, one circumstance of political importance enough, independently of humane considerations, to justify the freedom which I thus assume.

"In France, in Germany, and in Denmark, the prosecution of anatomy is protected by their respective governments; and, in them, every facility is afforded for its complete and satisfactory study. Hence, in great degree it is, that, of late years, such of the medical youth among your Majesty's subjects as are enabled by their circumstances, proceed to these foreign kingdoms in search of information of the most valuable kind,—being compelled thereto by the dread of entering on the practice of their profession while ignorant of some of its fundamental principles; and of having, through the unavoidable fault of a merely British education, to collect, by repeated failures in their treatment of the living, that knowledge which they might have early and safely and ably acquired from intimacy with the dead.

"Sire,—I cannot doubt that your Majesty, impressed with a sense of the awful responsibility and agonising duties of medical men, will be most graciously pleased to recommend the subject of their effective and thorough instruction, in this claimant particular, to the serious attention of your Majesty's wise and liberal Ministers, with a view to the accomplishment of what science points out as desirable, and what the calamities of mankind decide to be necessary."

We trust Parliament will diligently and impartially consider the matter; and as, undoubtedly, there is sufficient weight in these considerations, which have been so often urged, to sway any reasonable body of men, so we trust they will not suffer themselves to be biassed by prejudice or public clamour to delay a boon which they have both the power and the means of granting, and which seriously concerns every man in the kingdom who values the national honour, or the lives of his fellow creatures and subjects. When the College question shall be agitated in the ensuing Parliament, we would fain hope that this analogous and sore obstacle to the progress of anatomical knowledge will also be removed.

A Treatise on Diet; with a view to establish, on practical grounds, a system of rules for the prevention and cure of Diseases incident to a diseased state of the Digestive Functions. By J. A. Paris, M.D. F.R.S. Fellow of the Royal College of Physicians, &c. &c. 8vo. pp. 307. London, 1826. Underwoods.

It was a saying of Cato the Censor, that "'twere useless to preach to the belly, "which has no ears." So long as gluttony rages, and the stimulating sensualities of the table are not resented by the stomach, it were certainly an idle task; but when dyspepsy, with all its consecutive horrors, has fairly set in, the voice of reason and nature has some chance of being heard, and treatises upon diet and regimen, at all times interesting to the profession, are not without their effect on patients. For this reason, such works have commonly been written in a popular style, as much as possible divested of technicalities, and suited to the capacities of general readers. Of this description is the recently published volume of Dr. Paris, in which are considered the anatomy of the digestive apparatus, the physiology of digestion and of secretion, the materia alimentaria, animal and vegetable food, cookery, condiments, drinks, nuts, fruits, esculent herbs and fruits, the periods best adapted for meals, and the intervals which should elapse between them; the quantity of food that ought to be taken at different meals, imperfect chymification, imperfect digestion in the duodenum, the causes, seat, nature, and cure of indigestion, &c. &c. which it were difficult and to no good purpose to analyse. The work contains a vast fund of information and amusement, principally drawn from the best writers of the day, and is very creditable to the research and industry of the author.

At the late anniversary dinner of the Governors of the London Ophthalmic Infirmary, Dr. Farre, in a nondescript speech, stated that a Bust was to be erected to the memory of the late Mr. Saunders. Should it be carried into execution (which, for the honour of our profession, we sincerely hope it will not) it will some day be a precedent worthy the attention of the "disinterested friends and colleagues" of the enlightened, liberal-minded, patriotic, and scientific Messrs. Lady and Co. Is there no distinction to be made between those who incessantly labour for honourable and permanent fame, who communicate without reservation the fruits of their intellectual exertions, and those who withhold from the public a knowledge of important facts, to add to their annual receipts a few paltry pounds; and at the expense of human suffering, gratify their despicable vanity, by boasting the possession of a secret? If society should ever become so lax in principle, and so barren in judgment, as not carefully to mark the distinctions between such men and such practices, farewell to the cause of science. On these points, however, we have no evil forebodings; the public knows well the value of talent, and usually takes especial care to reward it. If, unfortunately, there is here and there a quack who luxuriates on the credulity of mankind,

and triumphs in the possession of a secret, it is gratifying to know that he has nearly arrived at the termination of his iniquitous course. A NEW CHARTER to the College of Surgeons will prove a death warrant to every quack in the kingdom.

The distinction claimed for Mr. SAUNDERS by his friends, of whatever character it may be, is equally well merited by some of those persons who were his colleagues in office. There were secret keepers and secret operators, a long while after that Gentleman's decease, as no account of his operation was published until ONE YEAR AND TEN MONTHS after that catastrophe, when a "Treatise on the Diseases of the Eye" made its appearance, edited by Dr. FARRE. At this step of our inquiries, some very curious matters come into view, which it will be well not to lose sight of, and we will endeavour to place them before the reader in so perspicuous a manner, that he shall perceive and immediately understand them. Dr. FARRE, in the introduction to the above work, claims for Mr. SAUNDERS the discovery of the operation for *congenital cataract*; an operation which Mr. SAUNDERS is said to have practised from the beginning of the year 1806 up to the period of his death in 1810; his reason for *concealment* is stated in a letter addressed to the Committee in March 1809, and which is to be found in the preface to the second edition of Dr. FARRE's book:—

"Gentlemen,

* * * * MY PROCESS for curing the cataract in children, together with other observations relative to the eye, which I am about to publish as soon as the necessary arrangements can be made, has already been freely communicated to AN INDIVIDUAL, and the AMPLE SCENE OF EXPERIENCE which this Institution affords, opened to his view, from a disinterested wish to promote his professional object. * * * * * That which was so LIBERALLY given in the spirit of private friendship, HAS BEEN SO LONG WITHHELD FROM THE PUBLIC IN THE HOPE OF MAKING IT MORE WORTHY OF THEIR ACCEPTANCE, and not through a mercenary motive, as some have malignantly observed, or an inclination to boast the possession of a secret!

* * * * J. C. SAUNDERS."

Thus this operation, like good wine, was to improve by *keeping*; it was sufficiently matured for an INDIVIDUAL; it was sufficiently determinate in its effects to give vision to about twenty persons born blind, and the Infirmary was "AN AMPLE SCOPE OF EXPERIENCE" for "AN INDIVIDUAL;" yet neither the Infirmary nor the operation was in a fit condition for the professional public. We implore the Governors to reflect on these facts. The operation was not concealed "from a *mercenary* motive," "as some have malignantly observed." When Mr. SAUNDERS penned this passage, he had probably forgotten the letter which we published in our last, written only two months previously to the one above quoted. In that epistle he says, "HAD I MADE MANY ACQUAINTED WITH IT, MY OPPONENTS WOULD HAVE BEEN ACTING UPON IT." Well then, to be sure it was "most malignant" to say, that he concealed it from a mercenary motive, as he merely retained it in his own possession, to secure all the fees which could result from the performance of the operation; and those who would not apply to him,—stupid blockheads! it was perfectly proper they should remain blind. This was liberal and scientific, and there was nothing "*mercenary*" in the affair.

Although the proceedings of Mr. SAUNDERS, and his colleagues, patronized as they were by some of the first medical characters of the day, might, as precedents, produce the most baneful results, yet we should have noticed them in the slightest manner possible, and with that delicacy which should always be manifested when speaking of the dead, had there not been those living who officiated with him, and who were then, and are now, the vindicators of his conduct. Supposing the operation for congenital cataract to have improved

in the "keeping" of Mr. Saunders, how happens it that an account of it was not published until one year and ten months subsequent to his death? during which time the same "Hole and Corner" work was in agitation in the Infirmary, as at any former period. Dr. Farre, who was and who *is* the physician to the Infirmary, appears to us implicated in this business from the beginning to the end, and even Mr. Benjamin Travers is not altogether free.

We require no other facts to prove the accuracy of these assertions than are contained in the annual reports, and in Dr. Farre's other work, (as we are told the reports are his,) the Treatise. To render what we are about to communicate as intelgible as possible, it is necessary to premise that the late Mr. Gibson, of *Manchester*, published a paper in the *Edinburgh Medical and Surgical Journal*, for October, 1811,* "*On the use of the couching-needle in infants of a few months old*," which contains, in our opinion, a much better description of the congenital cataract, and of the mode of operating for its removal, than is to be found in the work of Dr. Farre; moreover Mr. Gibson's paper is dated 13th June, 1811, and is published in the October Number of the Edinburgh Journal, whilst the Treatise of Dr. Farre did not make its appearance until upwards of *two months* after the latter period. To whom, then, is the greater credit due —Mr. Saunders, or Mr. Gibson? Why, to the latter gentleman, indisputably; and we are really astonished, after reading his excellent paper, that Mr. Saunders, regarding this operation, should have been quoted as an authority. Dr. Farre, in the preface to his second edition, thus writes:

"The late Mr. Gibson, early in the summer of 1811, wrote to Mr. Travers for the purpose of ascertaining the method of operation which had been practised by Mr. Saunders. When this request was communicated to the Editor, he really gave Mr. Gibson credit for correct intention; and in reply requested Mr. Travers to state to him that the subject of his inquiry would shortly be communicated to him through the medium of the press, a part of the posthumous work of Mr. Saunders being at that time printed."

Let the reader bear in mind, that this is a statement penned by Dr. Farre's own hand; and whilst it increases our respect for the memory of Mr. Gibson, we must view with indignation and contempt the "Hole and Corner" motive, that led to a refusal of his solicitation. Why did Mr. Travers *communicate* the request of Mr. Gibson to Dr. Farre? Why did not Mr. Travers, without hesitation, reply to Mr. Gibson's letter, and describe the information sought? When Mr. Travers heard from Mr. Gibson, he had been surgeon to the Infirmary upwards of one year, and surely he was not ignorant of the mode of operating for congenital cataract, practised by his predecessor. Why, then, did he not communicate this knowledge to Mr. Gibson? We call upon Mr. Travers to answer this question. We have heard, indeed, that he stood pledged to Dr. Farre not to make it known, until the publication of the secret in the Doctor's book. Be this as it may, the report, in our opinion, receives the greatest possible confirmation from the above-named facts. Had Mr. Travers received a letter from Mr. Gibson on any other subject, would he have deemed it necessary to *communicate* the circumstance to Dr. Farre? It would be the height of absurdity to suppose so, and no man in his senses can doubt that Mr. Travers was restrained by some sort of obligation. Thus we find, that although Mr. Saunders had been dead upwards of *fifteen months*, no account of *his* operation had been published, and that when his successor at the Infirmary was applied to, to describe it, he *communicated* the request to Dr. Farre!! If this be not "Hole and Corner" work; if this be not humbug;—

* Vol. vii. page 395.

then we will say that the Ophthalmic Infirmary has been the best governed Institution in Europe, and Major Longbow himself could not require more.

We had written the above, when the following Advertisement in THE TIMES of Thursday last caught our attention :—

"*London Ophthalmic Infirmary, Moorfields.*

At a Meeting of the Committee, 6th Nov. 1826, Ralph Price, Esq. in the Chair, five Numbers of a weekly publication, called THE LANCET, dated the 7th, 14th, 21st, and 28th October last, and 4th instant, and THE TIMES Newspaper of the 28th October, were laid before the Meeting; the former containing false statements and offensive reflections upon the Members of this Committee in their official capacities, but in a particular manner calculated to insult the memory of the late Mr. Saunders, and wound the feelings of Dr. Farre and Mr. Battley; and the latter echoing similar calumnies in the form of a letter, directed "to the Editor of *The Times*," and signed "A Governor," when it was

Resolved, That the freedom of the Press has been violated, by becoming, in the instances referred to, an instrument of gross malignity and abuse, and of the foulest injustice towards two of the earliest and most tried supporters of this Charity; that this Meeting experiences the greatest satisfaction in again bearing testimony to the high value of Dr. Farre's and Mr. Battley's undeviating and disinterested exertions during a period of twenty-two years, which, in conjunction with their liberal pecuniary subscriptions, have largely contributed to the rise and establishment of this Institution.

That this Resolution, signed by the Chairman, be inserted in four of the Morning, and two of the Evening Papers.

RALPH PRICE, Chairman.

This is a pretty performance, and in every respect worthy the individuals with whom it originated. Here we have "false statements"—"offensive reflections"—"insult to memory"—"wounded feelings"—"calumnies"—"violated press"—"gross malignity and abuse"—"foulest injustice"—and other delicacies, dished up in the "most admired disorder," and suited to the taste of a saint. We should like to know HOW MANY Members of the Committee were present when this sapient Resolution was adopted, and their names. Dr. FARRE and Mr. BATTLEY, both of whom belong to it, of course were *absent* on the above occasion! Is the above a REFUTATION of the FACTS we have published? Does it allege, that BATTLEY's letters for "our friend SAUNDERS" were forgeries?—That the Infirmary was not "got up" for "our friend SAUNDERS?"—That the Infirmary was not opened for admission of pupils for years and years after it was instituted?—That Mr. SAUNDERS made known *his* operation to more than two individuals?—That Mr. GIBSON did not publish an account of THE operation for congenital cataract PREVIOUSLY to Dr. FARRE.—That the Committee has not passed a resolution to prevent the students from taking notes of cases? NO.—A fig, then, for the efforts of such ninnies. Not a single fact that has been published, either in THE LANCET or in *The Times*, connected with this Infirmary, has been controverted; and we can assure the members of the COMMITTEE, that we have no wish to make false statements, to malign or to vilify. It is our anxious desire that the noble intention of the Governors should be accomplished; it is our wish to see quacks divested of their ill-gotten honours, and to obtain for the memory of those who have perseveringly laboured in the cause of science, respect and admiration proportionate to the utility of their services. Impressed with these considerations, we shall prosecute this inquiry in our ensuing Number, when we will prove, by the most incontrovertible evidence, that to Mr. GIBSON *exclusively* belongs the merit of bringing into general use the operation for congenital cataract in infants.

The trickery is still in operation at St. Bartholomew's Hospital, on the subject of the DEMONSTRATIONS. Many of the pupils openly express their dissatisfaction of Mr. SKEY, and some anonymous letters, it appears, have been sent to Mr. ABERNETHY, who on Wednesday last addressed the class as follows, Mr. SKEY being by his side :—

"I say, is there any mode by which I can positively determine what your sentiments are, with regard to Mr. Skey? O, yes, yes; I think there is one mode. People are not willing to speak out; they don't like to give offence, and so on; but I see one mode, by which, without giving offence, you may declare your sentiments; and then I shall know how far you are satisfied with Mr. Skey, and how far otherwise; and this is the mode which I propose, that it shall be a subject of *ballot:* I shall put a ballot box in the corner here; (pointing to the corner of the door of the theatre;) I shall give you on any day you appoint, it may be to-morrow, or next day, a *bolus*, (*much laughter* from the *feigned* mistake,) a ball, a ball, and you shall go out at this door, leaving, if you are satisfied, let it be *yes*; leaving, if you are not satisfied, let it be *nay*; you shall come back into the theatre again, and I shall open the ballot box in your presence; and this is the only way it occurs to me that I shall ever be able to know the real sentiments of the class.

I said to you, that if it were my own son, I would not wish him to be a demonstrator in this place, if he either was deficient in knowledge, or in the power of communicating it, or deficient in industry. I said to you, all I ask is, what I know you will most readily grant, a fair trial to Mr. Skey. You have granted the trial, and if you are now to pronounce judgment in the way I tell you, by this means shall we know the sense of the class, and by no other means that I can adopt, which I know of."

Great applause followed this. Mr. ABERNETHY immediately left the Theatre, and the door was shut after him. Mr. Skey instantly stepped forward to the table Mr. ABERNETHY had quitted, and the applause was resumed and continued for a minute or two, when Mr. ABERNETHY returned into the theatre, beckoned silence, and *requested* Mr. SKEY *to leave the theatre with him*; Mr. Skey refused; Mr. Abernethy *repeated his desire, pointing towards the door*; Mr. Skey still declined to comply, begging leave only to be allowed to express a word. Mr. Abernethy said, "then it shall be in my presence." Mr. Skey rejoined, "O certainly," and then said :—

Gentlemen, it is only necessary for me to say, the feelings of my mind entirely accord with the sentiments expressed by Mr. ABERNETHY. I feel that it is impossible for me, with a feeling strongly entertained against me, expressed in the disgraceful manner in which it has been to Mr. Abernethy,—

Mr. ABERNETHY. No, no.

Mr. SKEY—to continue among you; I mean through the means of *anonymous letters* (*Turning round to Mr. Abernethy.*)

Mr. ABERNETHY. Well, I think that's quite enough.

Mr. SKEY. Will you allow me, Sir, only to make one other observation?

Mr. ABERNETHY. Well.

Mr. SKEY. It was merely to say, that I cannot, Gentlemen, continue to perform my duties, unless supported by your sanction and good feelings.

Mr. ABERNETHY. I objected to the words *disgraceful manner*: it may by no means be disgraceful. I should do it myself, if I were in your situation, and dissatisfied with him; I, therefore, do not consider the anonymous letters as any disgraceful act.

I told you that I had received three letters, and that upon examining them closely, there appeared to be that which produced suspicion; for, if any three or four gentlemen were to come forward and say, "We

are dissatisfied,"—that is one thing; but I am suspicious that it may be the work of some one person, who may have a hatred to Mr. SKEY; but you will determine it in the manner I have pointed out.

And I am further interested in this, for my own character and reputation are at stake in it. I do assure you, I do not wish you to support Mr. SKEY against your own conviction of his ability; I mean, without you were assured that he has the requisite degree of knowledge. I say to you, I cannot doubt it, for he has been working so many years at anatomy; without you are assured of his ability of communicating the knowledge,—and I speak confidently on that, when I say I am persuaded that he has the ability to communicate knowledge, probably in a greater degree than I have; but I have that feeling of him myself: I have heard him express himself upon subjects of a complex nature, in such a manner as to show the possession of considerable powers of communicating information; and lastly, as to his *assiduity*. If the class appear to be satisfied, on these three points, I should be very sorry to hurt Mr. Skey's feelings by attending any more to anonymous letters; but if otherwise, we shall have it declared in the manner I have stated, and there shall be an end to it."

This is a pretty farce to be exhibited in an anatomical theatre, truly! but we must do DOCTOR CANTWELL justice by saying, that he performed his part in a very natural manner.

We will ask Mr. ABERNETHY one question, the answer to which must decide the whole case, it is this: IF Mr. STANLEY was ADVERTISED TO DELIVER THE DEMONSTRATIONS, WHY DOES HE NOT PERFORM THE CONTRACT?

[The proceedings of Thursday came too late for insertion; they shall appear in our next.]

THE VETERINARY COLLEGE.

From a careful review of the proceedings of the Institution, it is very evident that the chief intentions of its founders have not been accomplished. It was established with a view not only to furnish the nation with *well educated* veterinary surgeons, but as a grand nursery for the cultivation of a knowledge of physiology and pathology. If it were required to show that it has failed to convey to the pupils who have attended the plan of study adopted by the present Professor, a suitable or even a moderate knowledge of the art which they are sent forth under his license to practise, we have only to say, that a five minutes conversation with many of those who possess the College Diploma, would be sufficient; and would supply the most ample testimony that it had, in that respect at least, proved a complete abortion; the disgrace arising from their incompetency, however, attaches itself with much greater force to the College, than to these unfortunate victims of delusion, avarice, and prejudice.

The *system* pursued at this Institution is calculated to perpetuate ignorance, and if it be not altered, the great body of Veterinary Surgeons will never command, *as a body*, a greater share of respect than the common herd of village farriers. It is true, indeed, that there are, in the veterinary profession, a few scientific men who, as individuals, are greatly respected, because they have essentially contributed to augment our stock of useful knowledge; and, as we proceed, we shall contrast their legitimate and praiseworthy labours with the puerile and *patent* performances of the Collegiate despot. It appears to us, that whatever improvements have of late years been effected in Veterinary Surgery, have originated *outside* the College walls, where they are kept by the Professor, who will not introduce them into

the practice of the College, or favour them with a notice even in his Lectures. The defective constitution of the College has been the cause of all the apathy and injustice which has been exhibited within its walls. If the Professor could only hold his office through the good opinion entertained of his services and abilities by the mass of Veterinary Surgeons; in a word, if he were *annually* elected by the Members, he would then feel it his interest to treat them with respect, and to convince them, by every means in his power, that he was deserving of their confidence. Another most material defect in the government of this Institution, arises from the circumstance of its pupils undergoing an examination by a Committee composed of *medical* gentlemen, who are totally ignorant of the most important practical facts in Veterinary Surgery; and this defect is materially increased from these Examiners being entirely under the control of the Professor, who, from the ignorance of his colleagues on the subjects examined, is, doubtless, on all occasions, first fiddle. Thus there is no check between teacher and pupil; the consequence of which might be, (we are far from saying it is so,) that the Lecturer finds the student to possess a *perfect* knowledge of his *imperfect* doctrines. Again, if those offices connected with the Veterinary Profession which are calculated to confer respect on those who occupy them, be engrossed by the Members of another, few men of superior attainments will be disposed to commence a career, if the termination of which promised nothing but disappointment and dishonour. There cannot be a doubt that the Examiners ought to be chosen by the Veterinary Members at large; that the Lecturer or Lecturers at the College should form no part of such Examiners. A Board thus formed would soon discover, not only whether the students possessed the requisite knowledge, but also, whether the teachers had discharged their duties in an efficient manner. As there is now no check afforded by any one part of the Institution upon another, emulation is entirely shut out, and the necessary consequence is, that the whole management wears the appearance of wealthy indolence and disgraceful inactivity.

We continue to receive a vast number of Letters respecting this Institution, and it really appears that the mode of government adopted there, has not only produced a great degree of dissatisfaction in the minds of its Members, but also amongst a very large proportion of its Governors. We are anxious that the Veterinary College should accomplish the great purposes for which it was founded; but we are not aware how this can be effected, if the Professor, instead of giving to the world the benefit of any real or supposed improvement which he may have made, if he at once secures the advantages which he calculates will result from them, through the monopoly of a patent filched from that very government by which he is paid to extend the confines of Veterinary knowledge. On this subject we shall insert the following remarks from a very able and experienced Correspondent:—

"To return to the patents; is it liberal in a professor who is receiving *thousands from the public* to take out patents for his *private profit*? but although they failed he was not the only loser, for, as we understand, he received *some hundred pounds* for a *share* only, in the first of these, from one of the young pupils, who expected, no doubt, that a mine of riches would result from the invention.

With regard to the facilities afforded to the pupils for acquiring the requisite medical and chirurgical knowledge, all must admit that the College has been of signal service in improving the former wretched practice of horse medicine; but still it is plain that much remains to be done. The application of science to this degraded art could not have accomplished *less under any auspices*; no exertions or conclusive experiments have been made, (at least none have been published by the College;) there is no such thing as an authorised Pharmacopœia, upon which the practitioner can rely; nor has any sytem of myology been published: at present they either blindly follow the human names, where no analogy exists, or search

through half a dozen incorrect authorities, each following a separate system, if such their descriptions can be called, which puzzle instead of assisting the student.

The greater number of the students are content to begin business with the rudiments only (and some of them the false ones) of their art, and unite in decrying every improvement in veterinary science which does not emanate directly from that establishment of which they consider themselves *members*, although they have no more part in it than a boy has with a school he has left; and still less reason to respect Coleman, who has prejudiced them against applying to other sources of knowledge, and bewildered their minds with old and exploded doctrines which have longbeen refuted. The French, from whom he derived his delusive idea of the necessity of frog pressure, are surprised to see with what persevering obstinacy he maintains a principle which has been banished from their schools as untenable, and almost forgotten by its original proposers.

But has thirty years experience produced no improvements in the veterinary art? We answer, Yes. But these have been effected by the labours of private *individuals*, more than by the exertions of Coleman or the College. Numerous discoveries and observations of importance have been made; and in a late number of THE LANCET we have seen a long list of the pretensions of the College, in which all that has been done for the improvement of the art is placed to the credit of the Professor in a most *palpably unauthorized manner*. Upon this document I would just remark, that answers to it have not been wanting, but that I have suppressed the farther discussion of the argument, till it was opened in a more regular style. Coleman's right to those discoveries is for the most part gratuitous, he having published *nothing for the last twenty years*, and when all proper deductions have been made, his own share hardly amounts to the merit of one good discovery. He has wisely avoided any mention of his Patent Shoes, and of the errors and mistakes he has propagated concerning the foot; they were once called *his discoveries*, and their present omission gives us reason to hope that he is at last sensible he has been wrong, though perhaps not willing to acknowledge it."

But though Mr. Coleman may be said to have appropriated from all quarters, there still remain discoveries which he dares not mention, because he is equally unprepared to admit or disprove them, and because were they once admitted, his whole system must fall to the ground, and his conduct be viewed with the contempt it merits. We allude to the works of Mr. BRACEY CLARK, whose unremitted labours in the field of veterinary science have been crowned with discoveries of such superior importance, as would long ere now have obtained for him the highest approbation of his colleagues and the public, had they not been suppressed by that very Institution which was endowed to foster them. It is this, when fully understood, which forms the charge of greatest magnitude against the Veterinary College, and which the Professor and his friends will find most difficult to repel."

FEVER IN IRELAND.

IT appears that notwithstanding the efforts of the medical and other officers, the fever which has already proved so destructive in Dublin, is gaining ground, and extending itself into the more respectable classes of society. There are already seven fever hospitals, and many hundred patients are sent away every day for want of room. The following placard has just been issued by the Board of Health, and is fixed almost in every street.

St. Mary's Parish, Office of Health.

Should you find yourself attacked with shivering, head-ache, and pains in your loins and limbs, send your name and place of abode to the officers of health, and you will receive such aid as your case may require.

R. RUSSEL, Sec.

N. B. By applying ten hours after you are taken ill, it is probable you may be restored to health in one day.

From the 1st of January to the 1st of May, the number of patients registered, ammounted to 2590, averaging about 600 a month. In May, 852; June, 962; July, 1205; August, 1628; September, 1768; October, 1839. Thus it will be seen, that the number of the sick has been progressively increasing.

MEETINGS OF MEDICAL AND OTHER SOCIETIES.

It is presumed that the following list of the meetings of the medical and other scientific societies to be held in London during the present session, will be found of considerable utility, not only to the residents of the metropolis, but also to those visitors whose taste may induce them to avail themselves of the advantages which their stay in town may afford.

MEDICAL AND CHIRURGICAL SOCIETY.

Dr. Birkbeck, President.

The first meeting will be held on Tuesday next, Nov. 14, at nine o'clock in the evening, at the Society's house, 57, Lincoln's Inn Fields. The meetings will be continued on the second and fourth Tuesday in each month. For the greater convenience of the Members, we subjoin the dates:

1826.

Nov.	14	Dec.	12
——	28	——	26

1827.

Jan.	9	March	27
——	23	April	10
Feb.	13	——	24
——	27	May	8
March	1	——	22
(the annual elections)		June	12
March	13	——	26

Every Member has the privilege of introducing a stranger.

On Tuesday, Nov. 14, the following paper will be read: "*On the Treatment of Fractures of the Bones of the Lower Extremity, with a description of an improved apparatus for suspending the limb,*" by William Chandler, Esq., Surgeon of the Kent and Canterbury Hospital. Communicated by Dr. Gregory.

And on Tuesday Nov. 28, will be read, "*An account of an extraordinary case of Ovarian Dropsy,*" by Charles Thomas, M. D. Physician to the Devonport Public Dispensary.

An Appendix to the catalogue of the Society's Library, containing all the recent additions to the library, is ready for gratuitous distribution to the Members.

THE LONDON MEDICAL SOCIETY.

Dr. Clutterbuck, President.

This Society meets every Monday evening, at eight o'clock, in Bolt Court, Fleet Street. Each Member can introduce a stranger, by sending his name on a card to the President. The society is at present in a thriving condition.

THE WESTMINSTER MEDICAL SOCIETY.

Dr. Webster, President.

The meetings of this Society are held every Saturday evening at eight, in Sackville Street, Piccadilly, No. 32. The meetings of this society are numerously attended, and some clever discussions occasionally held. Any strangers are allowed to attend, by writing down their names on their entrance.

MEDICO-BOTANICAL SOCIETY.

Sir James M'Gregor, President.

The first meeting of this Society was held on Friday, Oct. 13, at 32, Sackville Street. The meetings will be continued, at the same place, on the following Fridays:—1826. Nov. 10, Dec. 8.—1827. Jan. 12, (Jan. 16, Tuesday anniversary at 2, p.m.,) Feb. 9, March 9, April 13, May 11, June 8, July 13. The Society's last meeting was well attended.

All communications, for the gold and silver medals should be sent in before the 1st of December.

LONDON PHRENOLOGICAL SOCIETY.

Charles Augustus Tulk, Esq., President.

This Society commenced its third session on Thursday se'nnight, which was well attended. Mr. Wheatstone, the Secretary,

read a paper in defence of phrenology, in which he combated the arguments employed by Jeffrey in his article on phrenology, in the last Number of the Edinburgh Review. Visitors are admitted, by members writing their names in a book, which is kept in the council-room for that purpose.

The meetings are held every other Thursday, at half past seven, at the Society's rooms, 13, Buckingham Street, Strand.

THE LINNEAN SOCIETY OF LONDON.

SIR JAMES EDWARD SMITH, President.

The meetings of this Society are held at the house of the late Sir Joseph Banks, in Soho Square, every other Tuesday, at eight in the evening. The next meeting will be held on Nov. 21.

The library and museum are open every day, from 12 to 4 in the afternoon.

THE GEOLOGICAL SOCIETY OF LONDON.

Dr. BOSTOCK, President.

The next meeting will be held on Friday, Nov. 17, at 20, Bedford-street, Covent Garden. The chair is taken precisely at eight in the evening, and will be continued on the following days:—

1826	Dec.	1 and 15
1827	Jan.	5 — 19
——	Feb.	2 — —
——	March	2 — 16
——	April	6 — 20
——	May	4 — 18
——	June	1 — 15

The annual meeting will be held on Friday, Feb. 16, at two in the afternoon.

THE HUNTERIAN SOCIETY.

This Society meets every Wednesday evening, at the London Literary Society's Rooms, Aldermanbury, next door to Dr. Babington's.

THE PHYSICAL SOCIETY OF GUY'S.

This Society meets every Saturday evening in the Medical Theatre of Guy's Hospital, during the winter months, at eight o'clock.

THE MEDICAL SOCIETY OF BARTHOLOMEW'S.

The meetings of this Society are held in the Anatomical Theatre of the hospital every Friday evening, at half past seven.

Dr. RODERICK MACLEOD in his two last YELLOW TUBERCLES, and JEMMY JOHNSON in his last BLUE FUNGUS, present us with some of the most curious specimens of editorial wisdom and simplicity, we have ever had the felicity to observe. JEMMY, who has correspondents "in the moon," "has reason to believe that the BOARD OF CURATORS mean to pay no attention to the liberal recommendation of the Trustees." Now the Curators have been the pliant servants of the Trustees for *twenty-six years*; have been acting under the "terms and conditions," not of the Trustees, but of Parliament, during the above five lustres, and yet Jemmy's "lunar spies" teach him to believe that the Curators mean to spurn "the law." Moreover, the man of the MORBICO-FUGICO, who is a *Licentiate* of *The College of Physicians*, as another instance of his sagacity and candour, tells us, that the title of Licentiate is disgraced!

The Yellow Man "believes that the officious interference of the *Censors* is condemned by none more heartily than by the Members of their own body." Dr. Macleod is requested in a letter signed "A Friend to the Censors," published in our 165th Number, to *name* those Members; and he excuses himself, we hear, on the plea that the letter is anonymous. This shall not avail him; Dr. ELLIOTSON is its author, who neither then nor now wishes for concealment; in truth, he need not, as he has discharged the duties of his office in a most praiseworthy manner. The YELLOW MAN tells us that he is resolved to do *his* duty, at which we marvel, as surely Dr. MACLEOD will consider it to be "an officious interference!"

LONDON PHRENOLOGICAL SOCIETY.

(The First Meeting of the Third Session, Nov. 2, 1826.)

Dr. Elliotson, Vice President, in the Chair.

The secretary read a reply to Mr. Jeffrey's attack on phrenology, in the last Number of the Edinburgh Review. He commenced with refuting the assertions of the reviewer, "that the organs of the senses are the only organs of the mind of which we can have any knowledge;" and "that it is on the peculiar structure or action of the nerves belonging to each of them, that our sensations depend," by adducing the proofs of their real functions, and that they are the mere instruments by which the sensations are communicated to the brain. The objection that the perfection of the senses has no dependance on the size of their organs, and that therefore the sizes of the mental organs can have no relation with the energies of their functions,—he answered, by showing that there exists no analogy between the mere external apparatuses of the senses, and the cerebral organs of the mind; but that each nerve of sensation (and the reviewer considers these as organs of the mind) is voluminous, in direct proportion to the perfection of the corresponding sense, in every species of animal,—a fact universally acknowledged in comparative anatomy. He next considered the assertions of the reviewer, "that there is not the smallest reason for supposing that the mind ever operates through the means of material organs, except those of sensation and motion; that the mind is one and indivisible; and that what are called faculties, should rather be considered its different acts or states; to these hypotheses, dogmatically assumed as incontestable truths, he opposed the numerous anatomical, physiological, and pathological facts which prove the contrary, which he quoted not only from Drs. Gall and Spurzheim, but from numerous other eminent physiologists. He then noticed the misconceptions of the reviewer, with regard to the functions attributed by the phrenologists to various organs; and, afterwards, proceeded to rectify the remaining physiological errors and misconceptions of the writer. To the objection, "that it is highly improbable that the mere bulk or *quantity* of matter, in such wonderful and delicate structures, should be the exclusive measure of their value, without any regard to their quality or condition:" he replied, by stating, "that the quality or condition of the brain is not neglected by phrenologists; for it is admitted that alterations in this respect, produce alterations in the functions of the parts affected; but, as in a perfect state of health in the same individual, the same conditions influence every part of the brain, the *relative* volumes of these parts correctly indicate their relative energies of manifestation." Adverting to some other points, he continued and answered successively the erroneous conceptions of the reviewer regarding the increase of energy, unaccompanied by external development; the extraordinary developments of particular faculties in insane individuals; the supposed want of *necessary* connexion between size and energy of manifestation; the difference between power and activity; the changes of character in individuals; the absence of "distinct cones" in the brain, corresponding to the external indications of the organs, &c. These, and several other points, the limits of a report will not allow to be dilated upon. He concluded, by urging the importance of the study on mental philosophy, and by congratulating the members on the extensive and permanent interest the science is now exciting throughout the world; phrenological societies having, he stated, been formed, and phrenological works published in various parts of Europe, America, and Asia.

Mr. Holm presented from Mr. Turley two casts, accompanied by interesting particulars respecting the individuals from whom they were taken. Both were persons of low rank; the first was remarkable for his imitative powers, and had, from his earliest childhood, manifested a predilection for the life of an actor, which he indulged, by joining a company of itinerant players; the organ of imitation was so decidedly large in the cast, that several members, on its being handed round previously to the paper being read, asserted that the man must have been an actor. The second was an example of great development of the organ of locality, and the case was curious: the individual had a restless propensity for travelling, and possessed a remarkable aptitude for finding his way through intricate places.

The Vice President announced, that a special meeting of the Society would be held on Thursday, Nov. 16, for the purpose of electing a treasurer in the room of Emerson Dowson, Esq., deceased.

Dr. David Barry, who is well known to the profession, from his ingenious experiments on the influence of atmospheric pressure on the circulation of the blood, and on the treatment of poisoned wounds, which followed as the legitimate deduction, has commenced a course of physiological lectures at the Anatomical Theatre in Little Dean Street, Soho, and delivered an admirable introductory discourse there on Thursday last.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CASE IN WHICH THE URINE IS DISCHARGED THROUGH A FISTULOUS OPENING OF THE ABDOMEN, IMMEDIATETY BELOW THE UMBILICUS.

J. Camp, aged 45, a porter, accustomed to carry heavy weights, was admitted into Naaman's Ward, under the care of Mr. Key, on account of a fistulous opening in the abdomen.

He gave the following account of his disease:—About two years ago he was suddenly attacked with violent pain of the abdomen around the navel, which continued so severe, that he was unable to perform the duties of his situation, and he applied at the Bloomsbury Dispensary for medical aid. He continued his attendance on the Dispensary for about a fortnight, but experienced little or no relief, in consequence of which he placed himself under the care of Mr. Burrows, a practitioner in Holborn.

It happens that at this time, a gentleman who was assistant to Mr. Burrows when the patient was under his care, is now pursuing his studies at Guy's Hospital, and from him we learn that there was a swelling immediately below the umbilicus, which was attended with severe pain, and much constitutional disturbance. Leeches, fomentations and poultices, were applied without benefit; and as there was some obscurity about the nature of the case, the attendance of Mr. Stanley was procured, who made an incision into the swelling, and evacuated upwards of a pint of ill-conditioned pus. The discharge of matter afforded much relief to the patient, and the constitutional derangement gradually subsided. But a circumstance ensued which forms the material feature in the patient's case. A few days after the opening had been made by Mr. Stanley, the poultices were observed to become very wet shortly after their application, and it was ascertained beyond doubt, that the fluid discharged was urinous. It does not appear from the most strict inquiry, that there was at any time retention of urine, or obstruction to the passage thereof. About a month after the formation of the abscess in the parietes of the abdomen, the testicle became inflamed, and a collection of matter took place at this part, which was evacuated.

With respect to the opening in the abdomen, no further plan of treatment was adopted, and the poor man, from the period which we have spoken of, nearly two years, has continued to discharge a large quantity of urine through the aperture.

There is a fungus about the size of a shilling, situated about half an inch below, and somewhat to the right side of the umbilicus; at the lower part of this fungus is a small opening, through which a probe passes with facility, and then is readily carried obliquely downwards, to the extent of two inches. When the patient strains, or calls the abdominal muscles into action, as in going to stool, coughing, and the like, a fluid is discharged from the opening, which, undoubtedly, is urine. A small quantity of urine only is discharged in the natural way, by the urethra. It is curious enough, that when the patient drinks any fluid, the discharge from the abdomen immediately ensues.

Mr. Key passed a sound into the bladder, and then introduced a probe at the aperture in the abdomen, endeavouring, if possible, to touch the sound, and thus to prove beyond all doubt, that a direct communication existed with the bladder. The instruments, however, did not come in contact, which consequently tended still further to perplex us to the true nature of the case.

Shortly after the man's admission, Sir A. Cooper visited him, and having attentively inquired into the history of the case, examined the part, and also some of the fluid discharged; he observed that there could be no doubt that the fistulous opening communicated in some way with the bladder. It was Sir Astley's opinion, that the patient was primarily affected with partial retention of urine, that the bladder became adherent to the parietes of the abdomen during the progress of inflammation, and that Nature sought to relieve herself of the retention of urine by the formation of an abscess, by which means an opening was made into the bladder, and the urine evacuated. Sir Astley further remarked, that he had not before met with such a case, and he considered it as most singular, and, indeed, a circumstance that was almost inexplicable, that the urine which was discharged into the bladder, at a considerable distance below the fistulous opening, should, as it were, ascend against its own gravity, and be expelled from the aperture.

The patient remains in the hospital for the present; but it does not appear to be in contemplation to adopt any measures with him. His general health is not good.

LONDON PHRENOLOGICAL SOCIETY.

(The First Meeting of the Third Session, Nov. 2, 1826.)

Dr. Elliotson, Vice President, in the Chair.

The secretary read a reply to Mr. Jeffrey's attack on phrenology, in the last Number of the Edinburgh Review. He commenced with refuting the assertions of the reviewer, "that the organs of the senses are the only organs of the mind of which we can have any knowledge;" and "that it is on the peculiar structure or action of the nerves belonging to each of them, that our sensations depend," by adducing the proofs of their real functions, and that they are the mere instruments by which the sensations are communicated to the brain. The objection that the perfection of the senses has no dependance on the size of their organs, and that therefore the sizes of the mental organs can have no relation with the energies of their functions,—he answered, by showing that there exists no analogy between the mere external apparatuses of the senses, and the cerebral organs of the mind; but that each nerve of sensation (and the reviewer considers these as organs of the mind) is voluminous, in direct proportion to the perfection of the corresponding sense, in every species of animal,—a fact universally acknowledged in comparative anatomy. He next considered the assertions of the reviewer, "that there is not the smallest reason for supposing that the mind ever operates through the means of material organs, except those of sensation and motion; that the mind is one and indivisible; and that what are called faculties, should rather be considered its different acts or states; to these hypotheses, dogmatically assumed as incontestable truths, he opposed the numerous anatomical, physiological, and pathological facts which prove the contrary, which he quoted not only from Drs. Gall and Spurzheim, but from numerous other eminent physiologists. He then noticed the misconceptions of the reviewer, with regard to the functions attributed by the phrenologists to various organs; and, afterwards, proceeded to rectify the remaining physiological errors and misconceptions of the writer. To the objection, "that it is highly improbable that the mere bulk or *quantity* of matter, in such wonderful and delicate structures, should be the exclusive measure of their value, without any regard to their quality or condition:" he replied, by stating, "that the quality or condition of the brain is not neglected by phrenologists; for it is admitted that alterations in this respect, produce alterations in the functions of the parts affected; but, as in a perfect state of health in the same individual, the same conditions influence every part of the brain, the *relative* volumes of these parts correctly indicate their relative energies of manifestation." Adverting to some other points, he continued and answered successively the erroneous conceptions of the reviewer regarding the increase of energy, unaccompanied by external development; the extraordinary developments of particular faculties in insane individuals; the supposed want of *necessary* connexion between size and energy of manifestation; the difference between power and activity; the changes of character in individuals; the absence of "distinct cones" in the brain, corresponding to the external indications of the organs, &c. These, and several other points, the limits of a report will not allow to be dilated upon. He concluded, by urging the importance of the study on mental philosophy, and by congratulating the members on the extensive and permanent interest the science is now exciting throughout the world; phrenological societies having, he stated, been formed, and phrenological works published in various parts of Europe, America, and Asia.

Mr. Holm presented from Mr. Turley two casts, accompanied by interesting particulars respecting the individuals from whom they were taken. Both were persons of low rank; the first was remarkable for his imitative powers, and had, from his earliest childhood, manifested a predilection for the life of an actor, which he indulged, by joining a company of itinerant players; the organ of imitation was so decidedly large in the cast, that several members, on its being handed round previously to the paper being read, asserted that the man must have been an actor. The second was an example of great development of the organ of locality, and the case was curious: the individual had a restless propensity for travelling, and possessed a remarkable aptitude for finding his way through intricate places.

The Vice President announced, that a special meeting of the Society would be held on Thursday, Nov. 16, for the purpose of electing a treasurer in the room of Emerson Dowson, Esq., deceased.

Dr. David Barry, who is well known to the profession, from his ingenious experiments on the influence of atmospheric pressure on the circulation of the blood, and on the treatment of poisoned wounds, which followed as the legitimate deduction, has commenced a course of physiological lectures at the Anatomical Theatre in Little Dean Street, Soho, and delivered an admirable introductory discourse there on Thursday last.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CASE IN WHICH THE URINE IS DISCHARGED THROUGH A FISTULOUS OPENING OF THE ABDOMEN, IMMEDIATETY BELOW THE UMBILICUS.

J. Camp, aged 45, a porter, accustomed to carry heavy weights, was admitted into Naaman's Ward, under the care of Mr. Key, on account of a fistulous opening in the abdomen.

He gave the following account of his disease:—About two years ago he was suddenly attacked with violent pain of the abdomen around the navel, which continued so severe, that he was unable to perform the duties of his situation, and he applied at the Bloomsbury Dispensary for medical aid. He continued his attendance on the Dispensary for about a fortnight, but experienced little or no relief, in consequence of which he placed himself under the care of Mr. Burrows, a practitioner in Holborn.

It happens that at this time, a gentleman who was assistant to Mr. Burrows when the patient was under his care, is now pursuing his studies at Guy's Hospital, and from him we learn that there was a swelling immediately below the umbilicus, which was attended with severe pain, and much constitutional disturbance. Leeches, fomentations and poultices, were applied without benefit; and as there was some obscurity about the nature of the case, the attendance of Mr. Stanley was procured, who made an incision into the swelling, and evacuated upwards of a pint of ill-conditioned pus. The discharge of matter afforded much relief to the patient, and the constitutional derangement gradually subsided. But a circumstance ensued which forms the material feature in the patient's case. A few days after the opening had been made by Mr. Stanley, the poultices were observed to become very wet shortly after their application, and it was ascertained beyond doubt, that the fluid discharged was urinous. It does not appear from the most strict inquiry, that there was at any time retention of urine, or obstruction to the passage thereof. About a month after the formation of the abscess in the parietes of the abdomen, the testicle became inflamed, and a collection of matter took place at this part, which was evacuated.

With respect to the opening in the abdomen, no further plan of treatment was adopted, and the poor man, from the period which we have spoken of, nearly two years, has continued to discharge a large quantity of urine through the aperture.

There is a fungus about the size of a shilling, situated about half an inch below, and somewhat to the right side of the umbilicus; at the lower part of this fungus is a small opening, through which a probe passes with facility, and then is readily carried obliquely downwards, to the extent of two inches. When the patient strains, or calls the abdominal muscles into action, as in going to stool, coughing, and the like, a fluid is discharged from the opening, which, undoubtedly, is urine. A small quantity of urine only is discharged in the natural way, by the urethra. It is curious enough, that when the patient drinks any fluid, the discharge from the abdomen immediately ensues.

Mr. Key passed a sound into the bladder, and then introduced a probe at the aperture in the abdomen, endeavouring, if possible, to touch the sound, and thus to prove beyond all doubt, that a direct communication existed with the bladder. The instruments, however, did not come in contact, which consequently tended still further to perplex us to the true nature of the case.

Shortly after the man's admission, Sir A. Cooper visited him, and having attentively inquired into the history of the case, examined the part, and also some of the fluid discharged; he observed that there could be no doubt that the fistulous opening communicated in some way with the bladder. It was Sir Astley's opinion, that the patient was primarily affected with partial retention of urine, that the bladder became adherent to the parietes of the abdomen during the progress of inflammation, and that Nature sought to relieve herself of the retention of urine by the formation of an abscess, by which means an opening was made into the bladder, and the urine evacuated. Sir Astley further remarked, that he had not before met with such a case, and he considered it as most singular, and, indeed, a circumstance that was almost inexplicable, that the urine which was discharged into the bladder, at a considerable distance below the fistulous opening, should, as it were, ascend against its own gravity, and be expelled from the aperture.

The patient remains in the hospital for the present; but it does not appear to be in contemplation to adopt any measures with him. His general health is not good.

ST. THOMAS'S HOSPITAL.

SEVERE CASE OF COMPOUND DISLOCATION OF THE ANCLE JOINT, WHICH TERMINATED FAVOURABLY.

The following is a case of compound dislocation of the tibia inwards, in which there was a most extensive laceration of the soft parts about the joint, and in which it was found necessary to remove a large portion of tibia, in order to effect the reduction. The case however terminated favourably, and affords another proof of the improved state of surgery, in the treatment of this class of accidents. "Thirty years ago it was the practice (observes Sir A. Cooper) to amputate limbs for this accident, and the operation was *then* thought absolutely necessary for the preservation of life."

T. H., a fine muscular athletic sailor, apparently about 40 years of age, was brought to the hospital on the 23d of August, about five o'clock in the afternoon. He had received an injury to the ancle-joint, at the London docks, about half an hour previously, from his foot having been caught under the gate belonging to the swing bridge.

On examination, there was found to be a compound dislocation of the right ancle-joint inwards. The wound through the integuments communicating with the joint, was several inches in extent. It passed from the tendo achillis, on one side, nearly round the ancle, to the opposite side.

On the dorsum of the foot the wound bifurcated, extending some way up the leg, and also along the foot. The anterior tibial artery was laid bare full three inches, and the posterior tibial could also be clearly distinguished pulsating, being exposed about one inch. The tibia protruded to the extent of two inches through the wound, and was fractured through the inner malleolus, the lower portion being left attached to the astragalus. The ligaments of the joint were, of course, very much lacerated. The fibula was fractured about two inches up the leg.

The attendance of Mr. Tyrrell was procured to the case as quickly as possible, and having attentively examined the state of the injured parts, he determined on making an attempt to save the limb, notwithstanding the formidable nature of the accident.

The small portion of tibia adhering to the astragalus was removed, and finding that the upper projecting portion could not be reduced, Mr. Tyrrell sawed off a piece of about an inch and a half in length, and the reduction was then readily effected. The integuments were brought together by means of a few sutures and straps of soap plaster. The limb was flexed, laid on its outer side, and placed in a hollow splint with a foot piece at right angles; there was also a small narrow splint placed along the inside of the calf of the leg, and extending to the os calcis, which was intended to oppose the action of the gastrocnemii. The limb was raised very high by means of mattresses; and a cloth made wet with spirit lotion, was applied over the dressings.

24. The pulse slightly accelerated, and the tongue somewhat furred; the parts are not in pain. The poor fellow did not sleep during the night.

25. There is more heat of skin than yesterday, pulse 84, tongue dry in the centre; a dose of aperient medicine given this morning, which has produced two evacuations.

30. From the date of our last report, until yesterday evening, the patient was going on well, free from much constitutional disturbance, or from much pain. We find him this morning with his skin hot and dry, his face flushed, tongue dry and furred, and pulse quick. He complains of much pain in the part. Mr. Green removed the dressings, in the absence of Mr. Tyrrell from indisposition. The integuments of the foot, below the inner malleolus, have a dark sloughy appearance; it appears, however, to be limited and superficial.

Straps of adhesive plaster were lightly applied over the wound, and over this a poultice was directed to be laid. A saline effervescing draught ordered to be taken every four hours; the bowels are freely open.

September 1. There is less febrile excitement, and the patient is tolerably free from pain; there is not much swelling.

3. Nothing material to report. Going on well.

5. Suppuration has now become copious, the constitutional disturbance has ceased, and the patient is now allowed to take a mutton chop daily. The wound is dressed with simple cerate, spread on pieces of lint, and the nitric-acid lotion is used to the slough on the side of the foot, which is fast separating.

7. The same treatment continued; the discharge is copious and healthy. He now takes a pint of porter daily.

10. The wound now presents a healthy granulating surface, but there is a disposition in the matter to burrow up the leg, which is clearly attributable to position; the limb being placed so much above the level of the body, that the matter gravitates in that direction.

12. The position of the limb somewhat altered, and strips of adhesive plaster applied above the wound, so as to prevent the matter from again burrowing. The patient is, in every respect, doing well.

From the period of our last report, the wound progressively healed; and, on the 20th of October, it was nearly closed.